

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

04-22-2004 90055 020 ***150.00

DOCUMENT # P04000001627					
1. Entity Name CONSIGNMENT MOTOR HOME SALES, INC.					
Principal Place of Business 1981 CARBONATA DR. ALVA FL 33920 US			Mailing Address 1981 CARBONATA DR. ALVA FL 33920 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <i>Same</i>			Suite, Apt. #, etc. <i>Same</i>		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 84 163 5119			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STAKELY, JERMEY 22801 SAGO PT. DR. #1305 BONITA SPRINGS FL 34135 <i>only address update</i>			7. Name and Address of New Registered Agent Jerome Stakely <i>(No name chg.)</i> Street Address (P.O. Box Number is Not Acceptable) 22872 Forest Ridge Dr City Estero FL Zip Code 33929		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES EASLEY, ROBERT S 1981 CARBONATA DR. ALVA FL 33920	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/Sec/Treas Cheryl Hawker 1981 Carbonata Dr Alva Florida 33920	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HAWKER, CHERYL 1981 CARBONATA DR. ALVA FL 33920	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			Date: <i>4/20/04</i>		