## **2008 FOR PROFIT CORPORATION**

## **FILED** 2008 08:00 A tate

	ANNUAL	KEPOKI			J VO
DOCUMENT # P05000150796				Secretary	of S
Entity Name GOLDEN GIRLS CONSIGNMENT, INC.					
Principal Plac	ce of Business	Mailing Address			
6701 CRILL AVE Palatka, Fl 32177		6701 CRILL AVE Palatka, Fl. 32177		. 48871886 (4) 88181 6111 88111 88111 88115 11881 4151 88111 8811 1281 8111	39) fi i <b>86</b> 1
		<del></del>			
	~ A	INTERNITO OFF	<u>~~</u>	03142008 No Chg-P CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	ICE		olied For Applicable
				5. Certificate of Status Desired S8.75 Addit Fee Required	tional
	6. Name and Address of Current Re	gistered Agent			
HAGER, LOIS M			: · · · · · · · · · · · · · · · · · · ·	DO NOT WRITE	, .
281 HEID' PALAKA,				IN THIS SPACE	
				II4 IIIIO OLAGE	
	e named entity submits this statement for the	ne purpose of changing its registe	ered office or registe	ered agent, or both, in the State of Florida. I am familiar with, a	nd accept
Ĭ.	$\Lambda I / \mathcal{A}$				
SIGNATURE.	Signature, typesfor printed name of registered agent and	title if applicable, (NOTE: Registe	ered Agent aignature réquire	ed when reinstating) DATE	
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		5.00 May Be ded to Fees	• !
10.	OFFICERS AND DI	RECTORS	<u> </u>	A TOTAL STATE OF THE STATE OF T	
TITLE NAME	D HAGET, LOIS M				
STREET ADDRESS CITY-ST-ZIP	281 HEIDT RD PALATKA, FL 32177			000000864498 04/04/08-80017-007-10	FO 00
TILE	TALATRA, TE UZITI		<b>-</b>	04504508-80015-0055-15	50.700
NAME STREET ADDRESS					,
CITY-ST-ZIP					
NAME					
STREET ADDRESS CHY-ST-ZIP				DO NOT WRITE	
TITLE				IN THIS SPACE	
NAME STREET ADDRESS				IN THE OTAGE	
CITY-ST-ZIP					
TITLE NAME			<i>'</i> .		
STREET ADDRESS CITY-ST-ZIP					<u> </u>
TITLE			-		
NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP