

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000075030

1. Entity Name

GENIES CONSIGNMENT, INC.



Principal Place of Business

101 S. EVERS STREET  
PLANT CITY FL 33563  
US

Mailing Address

101 S. EVERS STREET  
PLANT CITY FL 33563  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-4965210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRETIEN, JEANNE C  
101 S. EVERS STREET  
PLANT CITY FL 33563

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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 P ☐ Delete  
NAME CHRETIEN, JEANNE C  
STREET ADDRESS 101 S. EVERS STREET  
CITY-ST-ZIP PLANT CITY FL 33563

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS U00000847937  
CITY-ST-ZIP 03/19/08-80039-018 150.00

TITLE VP ☐ Delete  
NAME CHRETIEN, GERALD S  
STREET ADDRESS 101 S. EVERS STREET  
CITY-ST-ZIP PLANT CITY FL 33563

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gerald Chretien GERALD Chretien VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-08 8137655115  
Date Printing Number