

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051920

FILED  
May 07, 2008  
Secretary of State

Entity Name: ALL MOST ANYTHING CONSIGNMENT/AVON INC.

**Current Principal Place of Business:**

2200 WINTER SPRINGS BLVD  
SUITE 105  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 973  
GOLDENROD, FL 32733

**New Mailing Address:**

2200 WINTER SPRINGS BLVD  
SUITE 105  
OVIEDO, FL 32765

FEI Number: 20-8977548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOUGHERTY, JAY  
4971 N. MAGNOLIA AVE  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STP ( ) Delete  
Name: DOUGHERTY, JAY  
Address: P.O. BOX 1129  
City-St-Zip: GOLDENROD, FL 32733

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY DOUGHERTY

OWEN

05/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date