

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128860

FILED
Mar 31, 2010
Secretary of State

Entity Name: MEDICAL THRIFT & CONSIGNMENT INC.

Current Principal Place of Business:

685-689 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

661 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

Current Mailing Address:

685-689 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 26-1511529 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUY, VANESSA
689 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: GUY, VANESSA
Address: 689 SOUTH BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP
Name: RYAN, ROBERT J SR.
Address: 10175 LITTLEFIELD LANE
City-St-Zip: SPRING HILL, FL 34608

Title: SEC.
Name: GUY, ASHLYN
Address: 10175 LITTLEFIELD LANE
City-St-Zip: SPRING HILL, FL 34608

I hereby 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 all other like empowered.

SIGNATURE: VANESSA GUY

P

03/31/2010

Electronic Signature of Signing Officer or Director

Date