

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041101

FILED  
Sep 21, 2009  
Secretary of State

Entity Name: DROOPY DRAWERS CONSIGNMENT INC

## Current Principal Place of Business:

511 ATLANTIC BLVD  
ATLANTIC BEACH, FL 32233 US

## New Principal Place of Business:

## Current Mailing Address:

511 ATLANTIC BLVD  
ATLANTIC BEACH, FL 32233 US

## New Mailing Address:

FEI Number: 26-2473019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMILEY, JUANITA M  
511 ATLANTIC BLVD  
ATLANTIC BEACH, FL 32233 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: PS ( ) Delete  
Name: SMILEY, JUANITA M  
Address: 511 ATLANTIC BLVD  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: V ( ) Delete  
Name: RENKEN, RALPH  
Address: 3638 GREEN ST  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: DUDZIENSKI, JENNIFER  
Address: 1930 ASHMORE GREEN DR.  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: V ( ) Change (X) Addition  
Name: DUDZIENSKI, JEFFREY J  
Address: 1930 ASHMORE GREEN DR.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: V ( ) Change (X) Addition  
Name: DUDZIENSKI, GREGORY W  
Address: 1930 ASHMORE GREEN DR.  
City-St-Zip: JACKSONVILLE, FL 32246

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: JUANITA M. SMILEY

PO

09/21/2009

Electronic Signature of Signing Officer or Director

Date