

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90352 040 ***150.00

DOCUMENT # P92000015359 1. Entity Name DEJA VU CONSIGNMENT BOUTIQUE, INC.			
Principal Place of Business 11123 N. DALE MABRY HWY TAMPA, FL 33618		Mailing Address 11123 N. DALE MABRY HWY TAMPA, FL 33618	
2. Principal Place of Business <i>11125</i> 11125 N. Dale Mabry Hwy		3. Mailing Address 11125 N. Dale Mabry Hwy	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33618		Zip 33618	
Country 		Country 	
4. FEI Number 59-3164054		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, CYNTHIA S 3417 LACEWOOD RD. TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Peggy M. Duford Street Address (P.O. Box Number is Not Acceptable) 11125 N. Dale Mabry Hwy City Tampa FL Zip Code 33618	
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: <u><i>Peggy M. Duford</i></u> 3/31/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST FOX, CYNTHIA S 3417 LACEWOOD RD. TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Peggy M. Duford 3315 Picwood Rd. Tampa, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIS/T Leonard R. Duford 3315 Picwood Rd. Tampa, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Peggy M. Duford President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/31/06 <small>Date Daytime Phone #</small>	