

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000015359

1. Entity Name

DEJA VU CONSIGNMENT BOUTIQUE, INC.



Principal Place of Business

Mailing Address

11125 N DALE MABRY HWY
TAMPA FL 33618

11125 N DALE MABRY HWY
TAMPA FL 33618



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 **59-3164054**

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

DUFORD, PEGGY M
11125 N DALE MABRY HWY
TAMPA FL 33618

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 (if applicable)

(NOTE: Registered Agent's signature required when submitting)

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 **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP DUFORD, PEGGY M 3315 PICWOOD RD TAMPA FL 33618	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST DUFORD, LEONARD R 3315 PICWOOD RD TAMPA FL 33618	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
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05/15/08-80037-011 150.00

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:

Peggy M. Duford *Peggy M. Duford* 4-16-08 813-265-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR