

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # P95000023712

1. Entity Name
PENELOPE'S CONSIGNMENT BOUTIQUE, INC.



Principal Place of Business
**630 S THIRD ST
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**630 S THIRD ST
JACKSONVILLE BEACH, FL 32250**



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3310622

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, PARKER B
13000 SAWGRASS VILLAGE CIR
SUITE 16
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000121294
04/20/04-80044-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
ALLEN, PENNY
233 S ROSCOE BLVD
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALLEN, PENNY
233 S ROSCOE BLVD
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]

[Signature] 4/19/04