

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 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



02262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3310622

Applied For
Not Applicable

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
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U00000562013
05/19/06-80038-013 150.00

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IN THIS SPACE**

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: Penelope M. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/06 (904) 249-4768
Date Daytime Phone #