


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90445 030 ***150.00

DOCUMENT # P98000077682		
1. Entity Name A CONSIGNMENT PLACE, INC.		

Principal Place of Business 40 TENTH STREET SOUTH NAPLES, FL 34102	Mailing Address P.O. BOX 2765 NAPLES, FL 34106
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2. Principal Place of Business - No P.O. Box # 2840 ARBUTUS ST	3. Mailing Address P O Box 2765
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL	City & State NAPLES FL
Zip 34112	Zip 34106
Country USA	Country USA

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0863041	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TURNER, SHERRY S 451 BAYFRONT PLACE, #5409 NAPLES, FL 34102	7. Name and Address of New Registered Agent Name TURNER, SHERRY S Street Address (P.O. Box Number is Not Acceptable) 2840 ARBUTUS ST City NAPLES FL Zip Code 34112
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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 Sherry S Turner, Pres. DATE 04-26-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, SHERRY S 451 BAYFRONT PLACE, #5409 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2840 ARBUTUS ST NAPLES FL 34112
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
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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: Sherry S Turner DATE 04-26-2007 DAYTIME PHONE # 239-285-2363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR