## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000014004

Entity Name: CONSIDER IT DONE, INC.

FILED Apr 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3115 LA COSTA CIR #204 12935 VIOLINO LN NAPLES, FL 34105

#202

NAPLES, FL 34105

**Current Mailing Address: New Mailing Address:** 

12935 VIOLINO LN 3115 LA COSTA CIR #204 NAPLES, FL 34105

#202

NAPLES, FL 34105

FEI Number: 59-3559231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUMMERSCALES, JILL SUMMERSCALES, JILL 3115 LA COSTA CIR #204 12935 VIOLINO LN

NAPLES, FL 34105 #202 NAPLES, FL 34105 US

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.

SIGNATURE: JILL SUMMERSCALES 04/17/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition SUMMERSCALES, JILL A SUMMERSCALES, JILL A Name: Name:

3115 LA COSTA CIR #204 12935 VIOLINO LN #202 Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

VΡ Title: VΡ (X) Change ( ) Addition Title: ( ) Delete CRAMER, LINDA M Name: Name: CRAMER, LINDA M

3115 LA COSTA CIR #204 12935 VIOLINO LN #202 Address: Address: NAPLES, FL 34105 NAPLES, FL 34105 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete CRAMER, LINDA CRAMER, LINDA Name: Name:

3115 LA COSTA CIR #204 12935 VIOLINO LN #202 Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

Title: ( ) Delete Title: (X) Change ( ) Addition

SUMMERSCALES, JILL SUMMERSCALES, JILL Name: Name: Address: 3115 LA COSTA CIR #204 Address: 12935 VIOLINO LN #202 City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JILL SUMMERSCALES 04/17/2008