

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000014004

Entity Name: CONSIDER IT DONE, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

12935 VIOLINO LN
#202
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

12935 VIOLINO LN
#202
NAPLES, FL 34105

New Mailing Address:

FEI Number: 59-3559231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERSCALES, JILL
12935 VIOLINO LN
#202
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUMMERSCALES, JILL A
Address: 12935 VIOLINO LN #202
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: CRAMER, LINDA M
Address: 12935 VIOLINO LN #202
City-St-Zip: NAPLES, FL 34105

Title: S () Delete
Name: CRAMER, LINDA
Address: 12935 VIOLINO LN #202
City-St-Zip: NAPLES, FL 34105

Title: T () Delete
Name: SUMMERSCALES, JILL
Address: 12935 VIOLINO LN #202
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JILL SUMMERSCALES

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date