FILED May 05, 2004 8:00 am Secretary of State 05-05-2004 90198 012 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9900049076 1. Entity Name BRITTANY AND SONDRA'S FURNITURE & CONSIGNMENT, INC.						24	070889	
Principal Place of Business 17274 SAN CARLOS BOULEVARD UNIT 210 FORT MYERS, FL 33919 Principal Place of Business 17274 SAN CARLOS BOULEVARD UNIT 210 FORT MYERS, FL 33919			-	RD	 			JUJOJ: 14 188)
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Api. #, etc.		Suite, Apt. #, etc.			03052004	Chg-P	CR2E034 (10/03	3)
City & State		City & State			4. FEI Number 59-3582	906	⊢	Applied For Not Applicable
Zip	Country	Zip	Count	ry	<u></u>	Status Desired	□ \$8.75 A Fee Requ	
0-0	5. Name and Address of Curren		7. Name and Address of New Registered Agent Name					
REIO SONORA R. BALLAS, EDWARUA 17274 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931					ddress (P.O. Box Number is Not Acceptable)			
	•			City			FL Zip C	ode
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The Registered agent Age								
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTO	ORS IN 11
TITLE	P Delete		IIILE		P		XX Chang	e 🔲 Addition
NAME STREET ADDRESS CITY+ST-ZIP	REID, SONARA 5741 LAUDER STREET FT MYERS BCH, FL 33931			T ADDRESS ST-ZIP	REID, SONDRA 5741 LAUDER STREET FT MYERS BCH, FL 33931			
tifUE			IIILE				☐ Chang	e 🔲 Addition
NAME STREET ADORESS CITY-ST-ZIP	BACKHOLM, BRITTANY 17536 LEBANON ST FT MYERS, FL 33912			T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS			TITLE NAME STREE	ľ			Change	Addition
CITY-ST-ZIP				ST- ZIP	***************************************	·		
NAME SIREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS			☐ Changi	Addition
CITY-ST-ZIP				ST-ZIP				
TITLE		☐ Delete	TITLE				Chang	Addition
STREET ADDRESS				T ADDRESS ST-ZIP			•	
TITLE		☐ Delete	TITLE NAME				☐ Chang	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP			ÇITY-	T ADDRESS ST-ZIP			. , , , , , , , , , , , , , , , , , , ,	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 regiver or trusten ampowered 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 all achiminal with an address, with all other like empowered. SIGNATURE: **SUBJECT**								
SIGNAT	UNE.	DEDINATED NAME OF STRAINING OFFICER	OR DIRECT	T ' (' / E ' /	<u> </u>	Date	Oaston Proce	1-117