2007 FOR PROFIT CORPORATION

ANNUAL REPORT

03-02-2007 90008 002 ***150.00 **DOCUMENT # P99000049076** Entity Name **BRITTANY AND SONDRA'S FURNITURE &** CONSIGNMENT, INC. Principal Place of Business Mailing Address 40027424 17274 SAN CARLOS BOULEVARD 17274 SAN CARLOS BOULEVARD **UNIT 210 UNIT 210** FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 Mailing Address 2. Principal Place of Business - No P.O. Box # 17851 Pine Ridge Rd Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02072007 Chq-P 4. FEI Number Applied For mvers 59-3582906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REID, SONDRA R 17274 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931 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 the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agen) signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Addition Change REID, SONARA NAME NAME STREET ADDRESS **5741 LAUDER STREET** STREET ADDRESS FT MYERS BCH, FL 33931 CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE Channe Addition BACKHOLM, BRITTANY NAME NAME STREET ADDRESS 17536 LEBANON ST STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33912 CITY-ST-ZIP Deteta TITLE TOLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplimental 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RECTOR

Delete

☐ Change

■ Addition

FILED Mar 02, 2007 8:00 am Secretary of State