

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112912

Entity Name: CLASSIC CARE CONSIGNMENT COMPANY

Current Principal Place of Business:

3117 HARVEST LANE
KISSIMMEE, FL 34744

Current Mailing Address:

3117 HARVEST LANE
KISSIMMEE, FL 34744

FEI Number: 01-0605213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODALL, MARK J
3117 HARVEST LANE
KISSIMMEE, FL 34744 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title D
Name GOODALL, MARK J
Address 3117 HARVEST LANE
City-State-Zip: KISSIMMEE FL 34744

I hereby 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 all other like empowered.

SIGNATURE: MARK J GOODALL

OWNER

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date