


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F82314**  
 1. Entity Name  
**DESIGN CIRCUS, INC.**



Principal Place of Business      Mailing Address  
 C/O STEPHEN E. KOCSIS      C/O STEPHEN E. KOCSIS  
 1614 UNIVERSITY BLVD W.      1260 TANGERINE DRIVE  
 JACKSONVILLE, FL 32217 US      JACKSONVILLE, FL 32259

**DO NOT WRITE IN THIS SPACE**



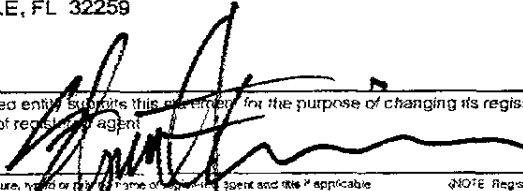
01062004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2190030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KOCSIS, STEPHEN E.  
 1260 TANGERINE DRIVE  
 JACKSONVILLE, FL 32259

**DO NOT WRITE IN THIS SPACE**

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 with, and accept the obligations of registered agent.

SIGNATURE:       DATE: 4/19/04

Signature, typed or printed name of agent, agent and title if applicable      (NOTE: Registered Agent signature required when registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

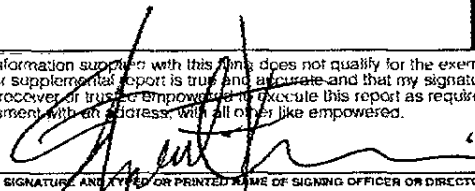
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD KOCSIS, PATRICIA ANN 1260 TANGERINE DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD KOCSIS, STEPHEN E. 1260 TANGERINE DR JACKSONVILLE, FL
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U00000121802  
 04/21/04-80003-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:       STEPHEN E. KOCSIS      DATE: 4/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

904-731-9211