2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90262 038 ***150.00

DOCUMENT # P05000097796

1. Entity Name
L.C. DESIGNS INC.

40097687

Principal Place of Business	Mailing Address
881 SUNRISE ROAD VENICE, FL 34293 US	881 SUNRISE ROAD VENICE, FL 34293 US

01242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6860 OLD LAUREL RD	6860 OLD LAUREL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HICKORY NC	City & State: HICKORY NC
Zip: 28602 Country: USA	Zip: 28602 Country: USA

4. FEI Number 20-3136905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUFFUS, LINDA 881 SUNRISE ROAD VENICE, FL 34293	Name: DONALD H. SNYDER, JR Street Address (P.O. Box Number is Not Acceptable): 5603 26th ST. W. City: BRADENTON FL Zip Code: 34207

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 [signature] 3/17/08 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P DUFFUS, LINDA 881 SUNRISE ROAD VENICE, FL 34293 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6860 OLD LAUREL RD. HICKORY NC 28602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S DUFFUS, CLIFF 881 SUNRISE ROAD VENICE, FL 34293 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6860 OLD LAUREL RD. HICKORY NC 28602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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 607, 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: [signature] CLIFFORD M. DUFFUS 3/20/08 828 874 ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #