

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138190

Entity Name: 1610 DESIGN GROUP, INC.

FILED  
Apr 29, 2004  
Secretary of State

## Current Principal Place of Business:

1610 ALDEN ROAD  
ORLANDO, FL 328031862

## New Principal Place of Business:

## Current Mailing Address:

1610 ALDEN ROAD  
ORLANDO, FL 328031862

## New Mailing Address:

FEI Number: 20-0509971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNCH, GEOFF M  
1610 ALDEN ROAD  
ORLANDO, FL 328031862

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: LYNCH, GEOFF M  
Address: 1610 ALDEN ROAD  
City-St-Zip: ORLANDO, FL 328031862

Title: V ( ) Delete  
Name: HARMELING, JACOB  
Address: 408 LOTUS LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: T ( ) Delete  
Name: BAKER, TODD  
Address: 1730 BLACKMON COURT  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: HARMELING, JACOB  
Address: 300 NEW WATERFORD PLACE, #204  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GEOFF M. LYNCH

PSD

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date