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

OFFICE MANAGER

above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN SLAVIK

Electronic Signature of Signing Officer/Director Detail

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:

Officer/Director Detail :				
Title	DPT	Title	S	
Name	JOHNSTON, WILLIAM J	Name	SLAVIK, CAROLYN J	
Address	4267 SW HIGH MEADOW AVENUE	Address	4267 SW HIGH MEADOW AVENUE	
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990	

# DOCUMENT# P05000028374

## Entity Name: DESIGN ASSOCIATES SALES & MARKETING INC.

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT** 

#### **Current Principal Place of Business:**

4267 SW HIGH MEADOW AVENUE PALM CITY, FL 34990

#### **Current Mailing Address:**

4267 SW HIGH MEADOW AVENUE PALM CITY, FL 34990

#### FEI Number: 20-2423213

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JOHNSTON, WILLIAM J 4267 SW HIGH MEADOW AVENUE PALM CITY, FL 34990 US

4863091713CC

Certificate of Status Desired: No

FILED Feb 12, 2019

Secretary of State

Date

02/12/2019 Date