

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90052 011 ***150.00

DOCUMENT # 404918

1. Entity Name
DESIGN & ADMINISTRATION CORPORATION



Principal Place of Business
**300 S CENTRAL AVE
#101
FLAGLER BCH, FL 32136 US**

Mailing Address
**P O BOX 159
FLAGLER BCH, FL 32136 US**

40008732



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1407654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZESKIND,SHIRLEY
300 S. CENTRAL
FLAGLER BCH, FL 32136**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZESKIND,SHIRLEY
STREET ADDRESS	300 S. CENTRAL
CITY-ST-ZIP	FLAGLER BCH, FL
TITLE	STD
NAME	ZESKIND,STANLEY
STREET ADDRESS	300 S. CENTRAL
CITY-ST-ZIP	FLAGLER BCH, FL
TITLE	VD
NAME	ZESKIND, PHILIP
STREET ADDRESS	7710 QUAIL RIDGE DR
CITY-ST-ZIP	CHARLOTTE, NC 28216
TITLE	VD
NAME	ZESKIND, LEONARD <i>1627 MAIN ST #900</i>
STREET ADDRESS	1627 MAIN ST -C/O CONNEALY
CITY-ST-ZIP	KANSAS CITY, MO 64111 <i>64108</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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: *Shirley Zeskind* **SHIRLEY ZESKIND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05
Date

386-517-2554
Daytime Phone #