

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 622498**  
 1. Entity Name  
**DESIGNERS III, INC.**



Principal Place of Business — Mailing Address  
**3900 CLARK RD BLDG H-2 SARASOTA FL 34233**      **3900 CLARK RD BLDG H-2 SARASOTA FL 34233**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)  
 4. FEI Number **59-1917872**      Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**FARCHIONE, SAMUEL**  
**3900 CLARK RD.**  
**BUILDING H-2**  
**SARASOTA FL 33583**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL**      Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | PD                     | <input type="checkbox"/> Delete |
| NAME            | FARCHIONE, SAMUEL      |                                 |
| STREET ADDRESS  | 3900 CLARK RD BLDG H-2 |                                 |
| CITY - ST - ZIP | SARASOTA FL            |                                 |
| TITLE           | VD                     | <input type="checkbox"/> Delete |
| NAME            | ZAVA, FERDINAND C.     |                                 |
| STREET ADDRESS  | 5335 FOX RUN WAY       |                                 |
| CITY - ST - ZIP | SARASOTA FL            |                                 |
| TITLE           | TDS                    | <input type="checkbox"/> Delete |
| NAME            | ZAVA, SUSAN            |                                 |
| STREET ADDRESS  | 5335 FOX RUN WAY       |                                 |
| CITY - ST - ZIP | SARASOTA FL            |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

UN0000416157  
 02/13/06-80004-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Samuel P. Farchione* Samuel P. Farchione 941-924-6462