


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90014 024 ***150.00

DOCUMENT # F02000001845 1. Entity Name ETI DESIGN, INC.	
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Principal Place of Business UNIT T-1B 13599 PERDIDO KEY DR PENSACOLA, FL 32507	Mailing Address UNIT T-1B 13599 PERDIDO KEY DR PENSACOLA, FL 32507
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44011027



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0574643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ERICKSON, STEVEN J CPA
25 EAST WRIGHT ST
PENSACOLA, FL 32501

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TODD, R.G. UNIT T-1B 13599 PERDIDO KEY DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TODD, DALE S 8131 EAST 46TH ST TULSA, OK 74145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TODD, BETTY L UNIT T-1B 13599 PERDIDO KEY DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, R.G. UNIT T-1B 13599 PERDIDO KEY DR PENSACOLA, FL 32507
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: R G Todd R G Todd 2-9-04 8504278352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #