

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90260 038 ***158.75

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04282005 Chg-P CR2E034 (10/03)

4. FEI Number
41-1639898
Applied For
Not Applicable

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

DOCUMENT # F04000000237

1. Entity Name
THE DESIGN GROUP FLORAL & THEME DECORATIONS, INC.



Principal Place of Business
2912 NO. 2ND STREET
MINNEAPOLIS, MN 55411

Mailing Address
2912 NO. 2ND STREET
MINNEAPOLIS, MN 55411

2. Principal Place of Business
10003 Satellite Blvd
Suite, Apt. #, etc.
Suite 210
City & State
Orlando FL
Zip
32837
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

6. Name and Address of Current Registered Agent
BRUNSMAN, RICHARD
2079 ANCIENT OAK DRIVE
OCOE, FL 34761

7. Name and Address of New Registered Agent
Name
Bonitta McInnis
Street Address (P.O. Box Number is Not Acceptable)
The Design Group Orlando
10003 Satellite Blvd, Ste 210
City
Orlando FL Zip Code
32837

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 Bonitta McInnis DATE 4/28/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY - ST - ZIP	P JACOBS, NANCY A 6525 ROWLAND EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JACOBS, TIMOTHY A 6525 ROWLAND EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Timothy Jacobs DATE 4/28/05 DAYTIME PHONE # 612-522-6460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR