

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004581

**Entity Name:** DESIGN SERVICES INC 2005

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2206 KNIGHT ROAD  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1789  
LAND O LAKES, FL 34639

**New Mailing Address:**

**FEI Number:** 03-0298187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CETRANGOLO, DAVID  
2206 KNIGHT ROAD  
LAND O LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: CETRANGOLO, JANE  
Address: 4035 COX DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

Title: VS  
Name: CETRANGOLO, DAVID  
Address: 4035 COX DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

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

SIGNATURE: JANE CETRANGOLO

PR

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date