

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000001084

1. Entity Name
DYNAMIC FACILITY DESIGN, INC.



Principal Place of Business
**6919 HILLSDALE COURT
INDIANAPOLIS, IN 46250**

Mailing Address
**6919 HILLSDALE COURT
INDIANAPOLIS, IN 46250**



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0005740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRINSTEAD, ANDY
STREET ADDRESS	6919 HILLSDALE COURT
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	VP
NAME	BROWN, JOHN H
STREET ADDRESS	6919 HILLSDALE COURT
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	S
NAME	COLLORD, JONATHAN
STREET ADDRESS	6919 HILLSDALE COURT
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	T
NAME	COLLORD, JONATHAN
STREET ADDRESS	6919 HILLSDALE COURT
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	VP
NAME	DIDAT, JOHN
STREET ADDRESS	6919 HILLSDALE COURT
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/08-80010-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **JOHN H. BROWN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/08
Date

(317) 841-8370
Daytime Phone #