## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 13, 2005 08:00 AN DOCUMENT # F59664 **Secretary of State** 1. Entity Name SOUTHERN CIRCUIT DESIGNERS, INC. Principal Place of Business Mailing Address 3124 CHAMBLEE LANE CLEARWATER FL 33759 US 3124 CHAMBLEE LANE CLEARWATER FL 33759 US 2. Principal Place of Business 3. Mailing Address Suite Apt #, etc Suite, Apt #, etc. CR2E034 (10/04) 1st MOORE City & State 4. FEI Number City & State Applied For 59-2151320 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, RODNEY A Street Address (P.O. Box Number is Not Acceptable) 3124 CHAMBLEE LANE **CLEARWATER FL 33759** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ame Delete TODA Change BECK, RODNEY A. NAME MANAE STREET ADDRESS 3124 CHAMBLEE LANE STREET ADDRESS CLEARWATER FL CITY ST-ZIE CITY-ST-ZIF ☐ Delete TuT1 F ☐ Change Addition 🔲 U00000300771 NAME STREET ADDRESS STREET ADDRESS 04/13/05-80005-004 150.00 CITY-ST-ZIP CHTY-ST-ZIP HILE ☐ Delete Trite ☐ Change Addition NAME STREE: ADDRESS STREET ADDRESS CITY-ST-ZIP C-TY-ST-7/P THE TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CHT-ST-ZIP CITY-ST-ZIP THILE ☐ Delete thit. Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

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.

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