


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G28901</b>	
1. Entity Name CONTROL DESIGN, INC.	

Principal Place of Business 6900-19 PHILLIPS HWY. JACKSONVILLE, FL 32216-6038	Mailing Address 6900-19 PHILLIPS HWY. JACKSONVILLE, FL 32216-6038
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03222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2332606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GOODSON, JOHN B.  
 7851 HEATHER LAKE COURT E.  
 JACKSONVILLE, FL 32256

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2007 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	DV GOODSON, MARK J 7851 HEATHER LAKE CT. E. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GOODSON, JOHN B 7851 HEATHER LAKE CT. E. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOODSON, PHYLLIS H. 7851 HEATHER LAKE CT. E. JACKSONVILLE, FL 32256
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**DO NOT WRITE IN THIS SPACE**

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 04/02/07-80022-013 150.00

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 B. Goodson **JOHN B. GOODSON** 3/23/07 904-296-5047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #