


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90011 017 \*\*\*158.75

<b>DOCUMENT # G71818</b>	
1. Entity Name <b>PRE-DESIGNS, INC.</b>	

Principal Place of Business <del>% CHARLES J. SIMANOSKI, JR.</del> 4385 N HWY 19-A MOUNT DORA, FL 32757	Mailing Address <del>% CHARLES J. SIMANOSKI, JR.</del> 4385 N HWY 19-A MOUNT DORA, FL 32757
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34061227



2. Principal Place of Business <b>4385 N Hwy 19A</b>	3. Mailing Address <b>4385 N. Hwy 19A</b>
Suite, Apt. #, etc:	Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State <b>Mount Dora FL</b>	City & State <b>Mount Dora FL</b>
Zip <b>32757</b>	Country
Country	Zip <b>32757</b>
Country	Country

4. FEI Number <b>59-2413958</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PIERSON, MARK D</b> 4385 N HWY 19-A MOUNT DORA, FL 32757	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUCKEBA, EDGAR R 32639 RANCH RD EUSTIS, FL 32636 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUCKEBA, FLOYD K 3649 STRATFORD CT GRAND ISLAND, FL 32735 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUCKEBA, LINDA G 32639 RANCH RD EUSTIS, FL 32636 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  **7-06-04** **352-589-5154**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
# 671818

54061227

## Pre Designs, Inc.

RR - 0034982

Randy Huckeba  
4385 North Highway 19-A  
Mount Dora, Florida 32757

Telephone 352-589-5154 Or Mobile 267-8858  
Fax 352-483-2089

Florida Department of State  
Division of Corporation  
P.O. Box 6198  
Tallahassee, Florida 32314

Dear Sirs:

I am writing this letter in regards to our Annual Renewal Document #G71818.  
We did not receive notice of renewal until June 29th therefore I called your office  
and you sent me this renewal form. I was told to notify you that we didn't receive  
Notice of Renewal until after the May deadline. I was told we would not have to pay  
the \$400 late fee. I understood our fee would be \$158.75.

Thank you for your cooperation in this matter.



Edgar R. Huckeba  
Owner