

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90041 025 ***150.00

DOCUMENT # H15411

1. Entity Name

ENVIRONMENTAL DESIGNS UNLIMITED, INC.



Principal Place of Business

2250 GULF GATE DR
A
SARASOTA FL 34231
US

Mailing Address

2250 GULF GATE DR
A
SARASOTA FL 34231
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2428051**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUA, JAMES E.
2250 GULF GATE DR., SUITE A
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 consistent)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P	☐ Delete
NAME	MARQUA, JAMES E.	
STREET ADDRESS	4502 FRIAR TUCK LANE	
CITY ST ZIP	SARASOTA FL	
TITLE	S	☐ Delete
NAME	MARQUA, DEBRA	
STREET ADDRESS	4502 FRIAR TUCK LN.	
CITY ST ZIP	SARASOTA FL	
TITLE	V	☐ Delete
NAME	STOVALL, THOAMS M	
STREET ADDRESS	2601 CATTLEMEN RD	
CITY ST ZIP	SARASOTA FL 34232	
TITLE	V	☒ Delete
NAME	CONERLY, ROBERT B	
STREET ADDRESS	2601 CATTLEMEN	
CITY ST ZIP	SARASOTA FL 34232	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James E. Marqua

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07

Date

941-922-0598

Daytime Phone #