


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90031 009 ***150.00

DOCUMENT # H48094 1. Entity Name SISSON DESIGNS, INC.					
Principal Place of Business 305 MCKEAN STREET AUBURNDALE, FL 33823			Mailing Address 305 MCKEAN STREET AUBURNDALE, FL 33823		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2551 PARTRIDGE DRIVE Suite, Apt. #, etc.			
City & State Zip Country		City & State WINTER HAVEN FL Zip Country 33884 USA		4. FEI Number 59-2522050	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07222008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent SISSON, NORMAN LEE, JR 2551 PARTRIDGE DR WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISSON, NORMAN LEE, JR 2551 PARTRIDGE DR WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SISSON, LINDA S 2551 PARTRIDGE DR WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Norman Lee Sisson Jr</u> <u>7/28/08</u> <u>863-712-8227</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					