

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90029 017 ***150.00

DOCUMENT # H63651

1. Entity Name

U.S. DESIGN & MILL CORPORATION



Principal Place of Business

380 DOUGLAS RD
STE. 8
OLDSMAR FL 34677
US

Mailing Address

380 DOUGLAS RD
STE. 8
OLDSMAR FL 34677
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2591993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

LOEHE, TERRY
1222 FOREST WOOD FRIVE
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name **LOEHE TERRY**

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

26 OAK AVE

City **PalM HARBOr**

FL

Zip Code **34684**

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)

DATE

1/20/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE **V** ☐ Delete
NAME **UNDERWOOD, JOHN**
STREET ADDRESS **2130 SUN TREE OR**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **P** ☐ Delete
NAME **LOEHE, TERRY**
STREET ADDRESS **1222 FOREST WOOD DR**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Change ☐ Addition
NAME **UNDERWOOD John**
STREET ADDRESS **210 W. CANAL DR.**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **P** ☒ Change ☐ Addition
NAME **LOEHE TERRY**
STREET ADDRESS **26 OAK AVE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Underwood

Date

1/20/05

Daytime Phone #

813 854 2321