


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**


02-22-2007 90022 046 \*\*\*150.00

<b>DOCUMENT # H68768</b>	
1. Entity Name <b>DESIGN SERVICE GROUP, INC.</b>	

Principal Place of Business <b>362A SOUTH GRANT ST LONGWOOD FL 32750 US</b>	Mailing Address <b>362A S GRANT ST LONGWOOD FL 32750 US</b>
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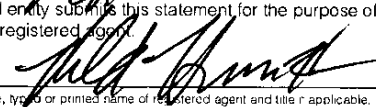
2. Principal Place of Business - No P.O. Box # <b>4009 West 1st Street</b>	3. Mailing Address <b>4009 West 1st Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sanford, Florida</b>	City & State <b>Sanford, Florida</b>
Zip <b>32771</b>	Country <b>U.S.A.</b>

	
1st MOORE	CR2E034 (10/06)
4. FEI Number <b>59-2542884</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
<b>HENSON, RONALD M, II</b> <b>362A SOUTH GRANT ST XXXXX</b> <b>LONGWOOD FL 32750</b> <b>4009 West 1st Street</b> <b>Sanford, Florida 32771</b>	

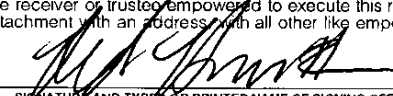
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE <b>02/14/07</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HENSON, RONALD II <del>362A SOUTH GRANT ST XXXXX</del> <del>LONGWOOD FL 32750</del> 4009 West 1st Street Sanford, FL 32771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, RONALD II <del>362A SOUTH GRANT ST XXXXX</del> <del>LONGWOOD FL 32750</del> 4009 West 1st Street Sanford, FL 32771 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: 	DATE <b>02/14/07</b> DAYTIME PHONE # <b>407.324.1710</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	