

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J18042

FILED
Apr 05, 2004
Secretary of State

Entity Name: MR. D'S ISLAND DESIGNS, INC.

Current Principal Place of Business:

83292 OVERSEAS HWY
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

83292 OVERSEAS HWY
ISLAMORADA, FL 33036 US

New Mailing Address:

FEI Number: 59-2700082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DENNIS
113 S HAMMOCK RD
ISLAMORADA, FL 33036

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, DENNIS
Address: 113 SOUTH HAMMOCK
City-St-Zip: ISLAMORADA, FL

Title: ST () Delete
Name: JOHNSON, PERRI
Address: 113 S HAMMOCK
City-St-Zip: ISLAMORADA, FL 33036

Title: VP (X) Delete
Name: LE NOIR, JEROME
Address: 121 IROQUOIS STREET
City-St-Zip: TAVERNIER, FL 33070

Title: V () Delete
Name: COCKERHAM, JULIE
Address: 221 CANAL STREET
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: COCKERHAM, JULIE
Address: 146 LOWE STREET
City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS A JOHNSON

PD

04/05/2004

Electronic Signature of Signing Officer or Director

Date