

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90029 007 ***150.00

DOCUMENT # K87129

1. Entity Name
DESIGNS ON..., INC.



Principal Place of Business
11 N 3RD ST
FERNANDINA BEACH, FL 32034 US

Mailing Address
11 N 3RD ST
FERNANDINA BEACH, FL 32034 US

94059695



DO NOT WRITE IN THIS SPACE

02092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0129058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAX, S M
4738 LESLIE CT 11 NORTH 3RD STREET
FERNANDINA BEACH, FL 32034

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAX, S.M.
STREET ADDRESS 4738 LESLIE CT 11 NORTH 3RD STREET
CITY-ST-ZIP FERNANDINA BEACH, FL

TITLE STD
NAME RECKSON-SAX, SUSAN
STREET ADDRESS 4738 LESLIE CT 11 NORTH 3RD STREET
CITY-ST-ZIP FERNANDINA BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #