

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40283

FILED
Jul 09, 2004
Secretary of State

Entity Name: SOLID SURFACE DESIGNS, INC.

Current Principal Place of Business:

1813 SW MACEDO BLVD.
PORT ST LUCIE, FL 34984

New Principal Place of Business:

1927 SW MACEDO BLVD.
PORT ST LUCIE, FL 34984

Current Mailing Address:

1813 SW MACEDO BLVD.
PORT ST LUCIE, FL 34984

New Mailing Address:

1927 SW MACEDO BLVD.
PORT ST LUCIE, FL 34984

FEI Number: 66-0401927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORNEY, SANDRA
176 SE OSPREY RIDGE
PORT ST LUCIE, FL 32984 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GORNEY, ANTHONY,
Address: 349 SW FAIRWAY
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ST () Delete
Name: GORNEY, SANDRA,
Address: 349 SW FAIRWAY AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP () Delete
Name: DELANO, PETER
Address: 1740 SE CLEARMONT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP () Delete
Name: DELANO, JOSEPH
Address: 337 SE FISK ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34984

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

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: ANTHONY GORNEY

P

07/09/2004

Electronic Signature of Signing Officer or Director

_____ Date