2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L61649

1. Entity Name

DESIGNER FIXTURE COATINGS, INC.



FILED
Mar 21, 2008 08:00 Al
Secretary of State

Principal Place of Business

% DONALD SPENCE

% DUNALD SPENCE 2250 N.E. 62 CT

FT LAUDERDALE, FL 33308

Mailing Address

2250 NE 62 CT.

FORT LAUDERDALE, FL 33308



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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0186752

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SPENCE, DONALD 2250 N.E. 62 CT

FT LAUDERDALE, FL 33308

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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 tille if applicable.

(NOTE: Registered Agent signature required when rainstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 000000865349 04/07/08-80025-006 150.00

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10.	OFFICERS AND DIRECTORS
THLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, DONALD 2250 N.E. 62 CT FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE

12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 giber like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-08

964. 557-4378

Daytime Phone #