2005 FOR PROFIT CORPORATION ANNUAL REPORT. DOCUMENT # L67307 1. Entity Name DESIGNER OF ST. LUCIE AND MARTIN COUNTIES, INC. Principal Place of Business __ Mailing Address 2326 S.E. CALCUTTA CIRCLE C/O GEORGE L. WILLIAMS III PORT SAINT LUCIE, FL 34952 US **606 BOSTON AVENUE** FT.PIERCE, FL 34950 US DO NOT WRITE IN THIS SPACE 4. FEI Number 6. Name and Address of Current Registered Agent

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

FILED Apr 01, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Applied For



No Chg-P

03182005

65-0199309 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required WILLIAMS, GEORGE L III DO NOT WRITE 606 BOSTON AVENUE FORT PIERCE, FL 34950 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PST NAME NARDONE, DOUGLAS STREET ADDRESS 2326 S.E. CALCUTTA CIRCLE CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 ٧n TITLE U00000283181 04/01/05-80017-018 150.00 NARDONE, DOUGLAS MAME STREET ADDRESS 2326 S.E. CALCUTTA CIRCLE CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas Nardone

President