


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90223 037 ***150.00

| | | | | | | |
|---|--|---|--|---|---|--|
| DOCUMENT # L67307 1. Entity Name DESIGNER OF ST. LUCIE AND MARTIN COUNTIES, INC. | | | |  | | |
| Principal Place of Business 2326 S.E. CALCUTTA CIRCLE PORT SAINT LUCIE, FL 34952 US | | | Mailing Address C/O GEORGE L. WILLIAMS III 606 BOSTON AVENUE FT. PIERCE, FL 34950 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0199309 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | | |
| 6. Name and Address of Current Registered Agent WILLIAMS, GEORGE L III 606 BOSTON AVENUE FORT PIERCE, FL 34950 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST NARDONE, DOUGLAS 2326 S.E. CALCUTTA CIRCLE PORT SAINT LUCIE, FL 34952 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby 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 an other like empowered. | | | | | | |
| SIGNATURE: <i>Douglas Nardone</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Douglas Nardone President 4-24-07 (772) 370-4663 <small>Date Daytime Phone #</small> | | | |

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04102007 Chg-P CR2E034 (12/06)