2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L73301

1. Entity Name
DESIGN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
815 ORIENTA AVENUE #1040 ALTAMONTE SPRINGS, FL 32701 US	815 ORIENTA AVENUE #1040 ALTAMONTE SPRINGS, FL 32701 US

03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3013249
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEFFLER, GLEN A
815 ORIENTA AVENUE
SUITE 1040
ALTAMONTE SPRINGS, FL 32701

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	LEFFLER, LYNDON A.
STREET ADDRESS	815 ORIENTA AVENUE, # 1040
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VPD
NAME	BELLINI, LISA L
STREET ADDRESS	815 ORIENTA AVENUE, # 1040
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	TSD
NAME	LEFFLER, SHIRLEY
STREET ADDRESS	815 ORIENTA AVENUE, # 1040
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	CEOD
NAME	LEFFLER, GLEN A
STREET ADDRESS	815 ORIENTA AVENUE, # 1040
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	V
NAME	CARLOS, RANDY K
STREET ADDRESS	815 ORIENTA AVENUE, # 1040
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	V
NAME	PURYEAR, MICHAEL S
STREET ADDRESS	815 ORIENTA AVE., 1040
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

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04/15/08-80044-005 150.00

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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 all other like empowered.

SIGNATURE: _____ Glen A. Leffler, CEO 4/01/08 407/830-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #