

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L73301 1. Entity Name DESIGN ENTERPRISES, INC.	
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Principal Place of Business 815 ORIENTA AVENUE #1040 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 815 ORIENTA AVENUE #1040 ALTAMONTE SPRINGS, FL 32701 US
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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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IN THIS SPACE**

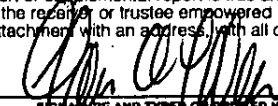
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	DATE _____ (NOTE: Registered Agent signature required when reconstituting)

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
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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	Date 4/01/08 Daytime Phone # 407/830-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #