

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90028 009 ***150.00

DOCUMENT # M94190

1. Entity Name

DESIGNER TECHNOLOGY, INC.



Principal Place of Business

C/O RAYMOND E. MILLER
218 HARBOR DR. SOUTH
VENICE FL 34285-2215

Mailing Address

P. O. BOX 563
LAUREL FL 34272
US

54061792



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

PO BOX 1038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Arcadia, Florida

City & State

City & State

4. FEI Number

65-0075398

Applied For

Not Applicable

Zip

Country

Zip

34265

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, RAYMOND E.
218 HARBOR DRIVE SOUTH
VENICE FL 33595

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRADSHAW, RAYMOND J.	
STREET ADDRESS	P.O. BOX 563 (NA)	
CITY-ST-ZIP	LAUREL FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BRADSHAW, ALICE JUNE	
STREET ADDRESS	P.O. BOX 563 (NA)	
CITY-ST-ZIP	LAUREL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, RAYMOND E.	
STREET ADDRESS	218 HARBOR DR. S.	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: Alice June Bradshaw Alice June Bradshaw 7-7-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
Doc. # M94190

54066792

A change of address
was submitted. This
is the notice received
after that.