

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000547

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** DESIGN ELEMENTS ON THE GULFCOAST OF FL, INC.

**Current Principal Place of Business:**

13650 FIDDLESTICKS BLVD  
#102  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

13650 FIDDLESTICKS BLVD  
#102  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 65-0979067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHORTRIDGE, LYNN W  
1311 SW 10TH PLACE  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

SHORTRIDGE, LYNN W  
13018 PENNINGTON PLACE #102  
FORT MYERS, FL 33913 US

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.

SIGNATURE:

04/23/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SHORTRIDGE, LYNN W  
Address: 1311 SW 10TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: VD ( ) Delete  
Name: MEMOLI, KATHLEEN  
Address: 13740-3 DOWNING LANE  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: SHORTRIDGE, LYNN W  
Address: 13018 PENNINGTON PLACE #102  
City-St-Zip: FORT MYERS, FL 33913

Title: VD (X) Change ( ) Addition  
Name: MEMOLI, KATHLEEN  
Address: 13064 PENNINGTON PLACE #202  
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN W SHORTRIDGE

PSTD

04/23/2008

Electronic Signature of Signing Officer or Director

Date