

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000001069 1. Entity Name DEWBERRY DESIGNS, INC.	
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Principal Place of Business 124 ROBIN RD 1700 ALTAMONTE SPRINGS, FL 32701	Mailing Address 124 ROBIN RD 1700 ALTAMONTE SPRINGS, FL 32701
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 58-2517228	Assessed Fee This Assessment
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRATT, JAMES R 369 NORTH NEW YORK AVE., 3RD FLOOR WINTER PARK, FL 32789

**DO NOT WRITE
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 qualifications of registered agent.

SIGNATURE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D DEWBERRY, MARC 811 E. HIGHLAND DR. ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY ST ZIP	D DEWBERRY, DONNA 811 E. HIGHLAND DR. ALTAMONTE SPRINGS, FL 32701
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, if that officer is empowered.

SIGNATURE: Marc Dewberry **MARC DEWBERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR