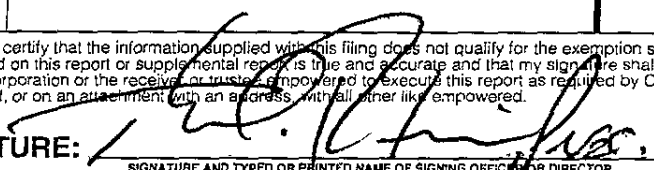


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000050679			
1. Entity Name THOMAS CHARLES DESIGNS, INC.			
Principal Place of Business 244 SHOPPING AVE, SUITE #313 SARASOTA, FL 34237-7125		Mailing Address P O BOX 49465 SARASOTA, FL 34230-6465	
DO NOT WRITE IN THIS SPACE			
		01232004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 22-2459309	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RACCIS, THOMAS C 244 SHOPPING AVE, SUITE #313 SARASOTA, FL 34237-7125		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 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 \$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		DO NOT WRITE IN THIS SPACE U000000013802 01/26/04-80068-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RACCIS, GAIL P O BOX 49465 SARASOTA, FL 34230		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RACCIS, THOMAS C P O BOX 49465 SARASOTA, FL 34230		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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: 		1-23-04 941-954-7164	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	