


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000060735</b>				
1. Entity Name <b>DESIGNER CURBS, INC.</b>				
Principal Place of Business <b>4909 N. US 1, UNIT 629 COCOA FL 32927</b>		Mailing Address <b>6485 ADDIE AVENUE COCOA FL 32927</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
<b>ZERRIEN, EDWARD W JR</b> <b>6485 ADDIE AVENUE</b> <b>COCOA FL 32927</b>				Name
				Street Address (P O. Box Number is Not Acceptable)
				City
				<b>FL</b>   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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div> 9. Election Campaign Financing <b>\$5.00</b> May Be  Trust Fund Contribution. <input type="checkbox"/> Added to Fees </div> </div>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERRIEN, EDWARD W JR		NAME	
STREET ADDRESS	6485 ADDIE AVENUE		STREET ADDRESS	
CITY - ST - ZIP	COCOA FL 32927		CITY - ST - ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERRIEN, MELINDA R		NAME	
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CITY - ST - ZIP	COCOA FL 32927		CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGNON, PIERRE		NAME	
STREET ADDRESS	223 COLUMBIA DR		STREET ADDRESS	
CITY - ST - ZIP	CAPE CANAVERAL FL 32920		CITY - ST - ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3656400** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New 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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
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10. OFFICERS AND DIRECTORS

11.

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

**SIGNATURE:** Melinda R Zerrien / Melinda R Zerrien 1-25-05 (321) 631-2872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #