

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078077

Entity Name: DESIGNS BY DAY, INC.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

704 SAINT ANDREWS BLVD  
NAPLES, FL 34113

## New Principal Place of Business:

## Current Mailing Address:

704 SAINT ANDREWS BLVD  
NAPLES, FL 34113

## New Mailing Address:

FEI Number: 59-3670695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAY, KYLE  
704 SAINT ANDREW BLVD  
NAPLES, FL 34113 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAY, CATHERINE H  
Address: 704 SAINT ANDREWS BLVD  
City-St-Zip: NAPLES, FL 34113

Title: ST ( ) Delete  
Name: DAY, KYLE  
Address: 704 SAINT ANDREWS BLVD  
City-St-Zip: NAPLES, FL 34113

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KYLE DAY

ST

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date