

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088517

FILED  
Jan 13, 2004  
Secretary of State

**Entity Name:** INTEGRATED DESIGN SERVICES, INC.

**Current Principal Place of Business:**

1951 MORILL ST.  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1951 MORILL ST.  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 65-1042357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLSWORTH, CONNIE Y  
6 LAKEVIEW PLACE  
ANNA MARIA, FL 34216

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

ELLSWORTH, CONNIE Y  
6 LAKEVIEW PLACE  
P.O. BOX 1369  
ANNA MARIA, FL 34216

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:**

01/13/2004

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ELLSWORTH, CONNIE Y  
Address: 6 LAKEVIEW PLACE  
City-St-Zip: ANNA MARIA, FL 34216

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** CONNIE Y. ELLSWORTH

PRES

01/13/2004

Electronic Signature of Signing Officer or Director

Date