

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096157

Entity Name: SQUARE DESIGN, INC.

FILED  
Jan 06, 2005  
Secretary of State

## Current Principal Place of Business:

21611 PALM AVE.  
PANAMA CITY BEACH, FL 32413

## New Principal Place of Business:

## Current Mailing Address:

21611 PALM AVE.  
PANAMA CITY BEACH, FL 32413

## New Mailing Address:

FEI Number: 59-3669687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUDLOW, JASON  
21611 PALM AVE.  
PANAMA CITY BEACH, FL 32413 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: PSTD ( ) Delete  
Name: HUDLOW, JASON W  
Address: 21611 PALM AVE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: REHMUS, CLAYTON T  
Address: 1603 WEST 10TH COURT  
City-St-Zip: PANAMA CITY, FL 32401

Title: ST ( ) Change (X) Addition  
Name: HUDLOW, ALLISON D  
Address: 21611 PALM AVENUE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: JASON W. HUDLOW

PSTD

01/06/2005

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

\_\_\_\_\_  
Date