

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 10, 2004 08:00 AM  
Secretary of State

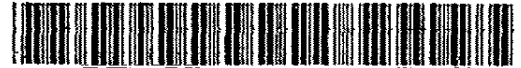
DOCUMENT # P01000003785

1. Entity Name  
DESIGNED VENTURES, INC.



Principal Place of Business  
515 W VINE ST  
KISSIMMEE, FL 34741

Mailing Address  
515 W VINE ST  
KISSIMMEE, FL 34741



**DO NOT WRITE IN THIS SPACE**

05062004 — No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3691984

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, GERALD  
515 W VINE ST  
KISSIMMEE, FL 34741

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TUCKER, GERALD
STREET ADDRESS	515 W VINE ST
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	ST
NAME	HOSKINS, MILTON
STREET ADDRESS	102 N PALM AVE
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GERALD TUCKER 5/8/4 407-846-7115