

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90007 043 \*\*\*150.00

**DOCUMENT # P01000019498**

1. Entity Name  
**DESIGN CONCEPTS OF BREVARD, INC.**



Principal Place of Business  
**2669 DAISY AVE SE  
PALM BAY, FL 32909**

Mailing Address  
**2669 DAISY AVE SE  
PALM BAY, FL 32909**

**24084958**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3701088**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBER, KRISTA  
2669 DAISY AVE SE  
PALM BAY, FL 32909**

Name **MATTHEW L. BARBER**

Street Address (P.O. Box Number is Not Acceptable)

**2669 DAISY AVE SE**

City **Palm Bay**

**FL**

Zip Code

**32909**

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

**8/9/04**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BARBER, MATTHEW L**  
STREET ADDRESS **2669 DAISY AVE SE**  
CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BARBER, KRISTA S**  
STREET ADDRESS **2669 DAISY AVE SE**  
CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/9/04**  
Date

**508-6198**  
Daytime Phone #



Attachment  
24684950

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## Design Concepts of Brevard Inc.

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August 9, 2004

Florida Department of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern;

Design Concepts of Brevard, Inc., Document # P01000019498 never received any notification to file a Annual Report for 2004 and we are requesting that you waive the penalty fee for filing this at this time.

Thank you for your time in this matter.

Sincerely,

Matthew L. Barber  
President  
Design Concepts of Brevard, Inc