

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2004 90035 024 \*\*\*150.00

**DOCUMENT # P01000034215**

1. Entity Name  
**STEPHANIE KOST DESIGNS, INC.**



Principal Place of Business  
**1265 REGAL'S LANDING DRIVE  
SARASOTA, FL 34242**

Mailing Address  
**1265 REGAL'S LANDING DRIVE  
SARASOTA, FL 34242**

**94051677**



2. Principal Place of Business

**1265 RIEGELS LANDING DR.**

3. Mailing Address

**1265 RIEGELS LANDING DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**38-2836333**

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

**KOST, STEPHANIE  
1265 REGAL'S LANDING DRIVE  
SARASOTA, FL 34242**

## 7. Name and Address of New Registered Agent

Name

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

**1265 RIEGELS LANDING DR.**

City

**FL**

Zip Code

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete  
NAME **KOST, STEPHANIE**  
STREET ADDRESS **1265 REGAL'S LANDING DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **VST** ☐ Delete  
NAME **KOST, RICHARD P**  
STREET ADDRESS **1265 REGAL'S LANDING DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **V** ☐ Delete  
NAME **KOST, STEPHEN P**  
STREET ADDRESS **1265 REGAL'S LANDING DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/M** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1265 RIEGELS LANDING DR.**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1265 RIEGELS LANDING DR.**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1265 RIEGELS LANDING DR.**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 a letter like block number.

SIGNATURE:

**STEPHANIE KOST**  
*Stephanie Kost*

**4-6-04**

**941-349-8085**

Date

Daytime Phone #