

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000050570

1. Entity Name
TRI-COUNTY DESIGNER SERVICES, INC



FILED
Jun 01, 2004 08:00 AM
Secretary of State

Principal Place of Business
**2580 N POWERLINE RD STE 605
POMPANO BEACH, FL 33069**

Mailing Address
**2580 N POWERLINE RD STE 605
POMPANO BEACH, FL 33069**



05282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1103276

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PASCALE, JAMES
4023 NW 63RD ST
COCONUT CREEK, FL 33073**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
PASCALE, JAMES
4023 NW 63RD STREET
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
PASCALE, DEBORAH
4023 NW 23RD STREET
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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06/01/04-80003-011 150.00

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)(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

**James Pascale
PRESIDENT**

Date

Daytime Phone #

954-979-7996