

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054028

**FILED**  
**Mar 01, 2005**  
**Secretary of State**

**Entity Name:** MARTI SCHMIDT DESIGNS, INC.

**Current Principal Place of Business:**

63 POINT WASHINGTON CT.  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

200 SWEET GUM WAY  
LONGWOOD, FL 32779

**Current Mailing Address:**

63 POINT WASHINGTON CT.  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

200 SWEET GUM WAY  
LONGWOOD, FL 32779

FEI Number: 59-3722264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHMIDT, MARTI  
63 POINT WASHINGTON CT.  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

SCHMIDT, MARTI  
200 SWEET GUM WAY  
LONGWOOD, FL 32779 US

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: MARTI SCHMIDT

03/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: MART, SCHMIDT  
Address: 63 POINT WASHINGTON CT  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPT ( ) Delete  
Name: SCHMIDT, BROOK  
Address: 63 POINT WASHINGTON CT  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: MART, SCHMIDT  
Address: 200 SWEET GUM WAY  
City-St-Zip: LONGWOOD, FL 32779

Title: VPT (X) Change ( ) Addition  
Name: SCHMIDT, BROOKE  
Address: 200 SWEET GUM WAY  
City-St-Zip: LONGWOOD, FL 32779

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: MARTI SCHMIDT

PS

03/01/2005

Electronic Signature of Signing Officer or Director

Date