


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 047 ***150.00

DOCUMENT # P01000062617

1. Entity Name
 ANTHONY DESIGNS, INC.



Principal Place of Business Mailing Address

1688 GEORGETOWNE BOULEVARD 1688 GEORGETOWNE BOULEVARD
 SRASAOIA, FL 34232 SRASAOIA, FL 34232

2. Principal Place of Business 3. Mailing Address

5923 21ST ST. E. P.O. BOX 1629

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

BRADENTON, FL TALLEVAST, FL

Zip Country Zip Country

34203 USA 34270 USA



05042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-1115626 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

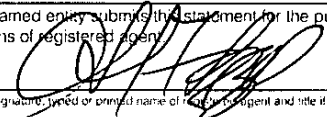
7. Name and Address of New Registered Agent

Name: ANTHONY F. IZZO

Street Address (P.O. Box Number is Not Acceptable):
 5923 21ST ST. E.

City: BRADENTON, FL State: FL Zip: 34203

8. The above named entity submits the 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:  ANTHONY F. IZZO DATE: 5/3/05

Signature, typed or printed name of newly designated agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	PSTD	<input type="checkbox"/> Delete
NAME	IZZO, ANTHONY F	
STREET ADDRESS	1688 GEORGETOWNE BOULEVARD	
CITY- ST- ZIP	SRASAOIA, FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY F. IZZO	
STREET ADDRESS	5923 21 ST ST. E.	
CITY- ST- ZIP	BRADENTON, FL 34203	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STACEY A. IZZO	
STREET ADDRESS	5923 21 ST ST. E.	
CITY- ST- ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  ANTHONY F. IZZO Date: 05/03/05 Daytime Phone #: 941-727-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #