


2006 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000065894 1. Entity Name DESIGN & PURCHASING, INC.			
2. Principal Place of Business 1. CLASSIC DR. 2. LONGWOOD FL 32778		3. Mailing Address 1. 1328 CLASSIC DR. 2. LONGWOOD FL 32778	
4. Apt. #, etc. 		5. Suite, Apt. #, etc. 	
6. City & State 		7. City & State 	
8. Country 		9. Zip 	
10. Country 		11. Country 	
12. Name and Address of Current Registered Agent VANDEWATER, GLENN T ESQ. 378 CENTERPOINTE CIRCLE STE. 1272 ALTAMONTE SPRINGS FL 32701		13. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
14. I, 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.			
15. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reactivating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Check Payable to Florida Department of State		16. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
17. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-STATE-ZIP <input type="checkbox"/> Delete	23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	27. 000000337553 01/30/06-80054-003 150.00	
28. TITLE 29. NAME 30. STREET ADDRESS 31. CITY-STATE-ZIP <input type="checkbox"/> Delete	32. TITLE 33. NAME 34. STREET ADDRESS 35. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add		
36. TITLE 37. NAME 38. STREET ADDRESS 39. CITY-STATE-ZIP <input type="checkbox"/> Delete	40. TITLE 41. NAME 42. STREET ADDRESS 43. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add		
44. TITLE 45. NAME 46. STREET ADDRESS 47. CITY-STATE-ZIP <input type="checkbox"/> Delete	48. TITLE 49. NAME 50. STREET ADDRESS 51. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add		
52. TITLE 53. NAME 54. STREET ADDRESS 55. CITY-STATE-ZIP <input type="checkbox"/> Delete	56. TITLE 57. NAME 58. STREET ADDRESS 59. CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add		
60. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information reflected 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 changed, or on an attachment with an address, with all other like empowered.			
61. SIGNATURE: <i>Debra Crawford</i> / President 1/20/2006 (407) 788-10			