

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083155

FILED
Apr 30, 2004
Secretary of State

Entity Name: DIMENSIONS & DESIGN, INC.

Current Principal Place of Business:

1152 HIDEAWAY DR N
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1152 HIDEAWAY DR N
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3741073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASCONE, STEPHANIE M
1235 HALIFAX RD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

CASCONE, STEPHANIE M
1152 HIDEAWAY DRIVE NORTH
JACKSONVILLE, FL 32259 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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CASCONE, STEPHANIE
Address: 1152 HIDEAWAY DR N
City-St-Zip: JACKSONVILLE, FL 32259

Title: V () Delete
Name: CASCONE, STEVEN
Address: 1152 HIDEAWAY DR N
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHANIE CASCONE

PS

04/30/2004

Electronic Signature of Signing Officer or Director

Date