

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P01000099327

1. Entity Name

COSMOPOLITAN DESIGNERS, INC.



Principal Place of Business

6073 ISLANDWALK BLVD.  
NAPLES, FL 34119

Mailing Address

11916 MANCHESTER  
ST LOUIS, MO 63131



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number

74-3051870

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

STECKENRIDER, ROBERT R  
6073 ISLANDWALK BLVD.  
NAPLES, FL 34119

**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

*Robert R. Steckenridge*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*04/07/08*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | CEO                     |
| NAME           | STECKENRIDGE, ROBERT    |
| STREET ADDRESS | 6073 ISLANDWALK BLVD.   |
| CITY-ST-ZIP    | NAPLES, FL 34119        |
| TITLE          | P                       |
| NAME           | STECKENRIDGE, SUSAN     |
| STREET ADDRESS | 6073 ISLANDWALK BLVD.   |
| CITY-ST-ZIP    | NAPLES, FL 34119        |
| TITLE          | S                       |
| NAME           | DEHKLENDORF, KATHKYN    |
| STREET ADDRESS | 15909 PICARDY MEADOW PT |
| CITY-ST-ZIP    | CHESTERFIELD, MO 63017  |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

U000000990313  
04/22/08-80090-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Robert R. Steckenridge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/7/08*

DATE

*344-4954409*

DAYTIME PHONE #