

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90761 032 ***150.00

DOCUMENT # P01000106391

1. Entity Name
ENVIRONMENTAL DESIGN VISIONS, INC.



Principal Place of Business
400 HOPE ST.
TARPON SPRINGS, FL 34689

Mailing Address
PO BOX 400
SAFETY HARBOR, FL 34695

14017769



2. Principal Place of Business

3. Mailing Address

400 Hope Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

City & State

Tarpon Springs, FL

4. FEI Number

30-0048021

Applied For

Not Applicable

Zip

Country

Zip

34689

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDERS, DEBORAH MS.
400 HOPE STREET
TARPON SPRINGS, FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SAUNDERS, DEBORAH MS.
STREET ADDRESS POST OFFICE BOX 400
CITY-ST-ZIP SAFETY HARBOR, FL 346950400

TITLE ☐ Change ☐ Addition
NAME Ms. Deborah Saunders
STREET ADDRESS 400 Hope Street
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE D ☐ Delete
NAME MEINCKE, JAMIE A MR.
STREET ADDRESS POST OFFICE BOX 784
CITY-ST-ZIP SAFETY HARBOR, FL 346950784

TITLE ☐ Change ☐ Addition
NAME Mr. Jamie A. Meincke
STREET ADDRESS 503 West Cedar Street
CITY-ST-ZIP Tarpon Spring, FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Deborah Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

727-944-2587

Daytime Phone #