


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

09-12-2007 90002 007 \*\*\*150.00

<b>DOCUMENT # P01000106391</b> 1. Entity Name <b>ENVIRONMENTAL DESIGN VISIONS, INC.</b>	
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Principal Place of Business <b>400 HOPE ST. TARPON SPRINGS, FL 34689</b>	Mailing Address <b>400 HOPE ST. TARPON SPRINGS, FL 34689</b>
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**DO NOT WRITE IN THIS SPACE**



08092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>30-0048021</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

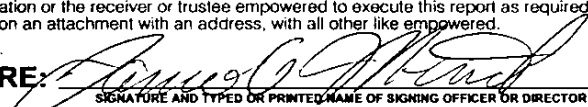
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SAUNDERS, DEBORAH MS. 400 HOPE ST TARPON SPRINGS, FL 34689</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MEINCKE, JAMIE A MR. 503 WEST CEDAR ST TARPON SPRINGS, FL 34689</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:**  **V.P.** **8-09-07 727-944-2587**

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

ATTACHMENT

40132194  
#P01000106391



A Division of Environmental Design Visions, Inc.

**STATE GAS CONTRACTOR #20340**

August 26, 2007

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Re: Annual Report

TO WHOM IT MAY CONCERN:

We mailed our annual report in April with a check but it has not yet been cleared through our bank. In our discussion with your office earlier, it was suggested we redo this. Please accept this form we are again sending.

We will contact your office in approximately 2 weeks to check status.

Thank you for your attention to this.

Respectfully,

Deborah Saunders

Web Site [www.designerfireplaces.net](http://www.designerfireplaces.net)

Mailing Address: 400 Hope Street Tarpon Springs, Florida 34689

Office Phone 727-944-2587 Fax Phone 727-944-2582