2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000018878

1. Entity Name AMERICAN TABLE DESIGNS, INC.

Principal Place of Business

5419 BAYSHORE BLVD.

TAMPA, FL 33611

Mailing Address

5419 BAYSHORE BLVD. TAMPA, FL 33611

FILED Mar 31, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 03072004 No Chg-P

4. FEI Number 01-0598390 Not Applicable 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

GRANTMAN, JAMES W 6419 BAYSHORE BLVD. TAMPA, FL 33611

SIGNATURE:

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 Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) DATE					
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing 🖂	\$5.00 May Be Added to Fees	000000099422 03/31/04-80005-020 150 00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANTMAN, JAMES W 5419 BAYSHORE BLVD. TAMPA, FL 33611				
HTLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANTMAN, THERESA A 5419 BAYSHORE BLVD. TAMPA, FL 33611				į.
NTLE NAME STREET ADDRESS CHY-ST-ZIP				_	NOT WRITE
ITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
THTLE NAME STREET ADDRESS CITY-ST-EP					
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.					

James Gantwar
FENTED NAME OF SIGNING OFFICER OR DIRECTOR