


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000037710
 1. Entity Name
DESIGN-A-SPACE INC.



Principal Place of Business
12519 CASCARA DR. S.
JACKSONVILLE, FL 32225

Mailing Address
12519 CASCARA DR. S.
JACKSONVILLE, FL 32225

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03082004 No Chg-P CR2E034 (10/03)

75-3022179
 Not Applicable
 \$R 75 Additional Fee Required

6. Name and Address of Current Registered Agent

OGBURN, JANET
12519 CASCARA DR S
JACKSONVILLE, FL 32225

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

1000000083459
 03/10/04-80040-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OGBURN, JANET L
STREET ADDRESS	12519 CASCARA DR. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	OGBURN, JANET L
STREET ADDRESS	12519 CASCARA DR. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Janet Ogburn* **Janet Ogburn** **3/8/04** **904-221-0521**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #