

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039043

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: DESIGN SYSTEMS MANAGEMENT, INC.

## Current Principal Place of Business:

17 SEA PARK DRIVE  
ST AUGUSTINE, FL 32080

## New Principal Place of Business:

15 LEIDEL DR  
PALM COAST, FL 32137

## Current Mailing Address:

17 SEA PARK DRIVE  
ST AUGUSTINE, FL 32080

## New Mailing Address:

15 LEIDEL DR  
PALM COAST, FL 32137

FEI Number: 04-3668028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCLEOD, ROBERT L II  
1200 PLANTATION ISLAND  
ST AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: FOX, MELISSA A  
Address: 17 SEA PARK DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: FOX, MELISSA A  
Address: 17 SEA PARK DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: FOX, BRYAN K  
Address: 17 SEA PARK DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: FOX, MELISSA A  
Address: 15 LEIDEL DR  
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change ( ) Addition  
Name: FOX, MELISSA A  
Address: 15 LEIDEL DR  
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change ( ) Addition  
Name: FOX, BRYAN K  
Address: 15 LEIDEL DR  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA FOX

PVST

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date