


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000045426 1. Entity Name DESIGNER LIGHTS, INC.	
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Principal Place of Business 1671 WATERS EDGE DR ORANGE PARK, FL 32003	Mailing Address 1671 WATERS EDGE DR ORANGE PARK, FL 32003
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DO NOT WRITE IN THIS SPACE



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0597409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DUCUT, HONORIO L JR 1671 WATERS EDGE DR ORANGE PARK, FL 32003	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_  
Signature should be printed name of registered agent on 11c if applicable. NOTE: Registered Agent signature required when instituting. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUCUT, HONORIO L 1671 WATERS EDGE DR ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUCUT, KIMBERLY A 1671 WATERS EDGE DR ORANGE PARK, FL 32003
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DO NOT WRITE  
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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: Kimberly A Ducut VP 2/11/04 9045711960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR