

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000076902

1. Entity Name
DESIGN SURVEYS, P.A.



FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90002 046 ***158.75

Principal Place of Business

303 HUNTERS PT TRAIL
LONGWOOD, FL 32779

Mailing Address

303 HUNTERS PT TRAIL
LONGWOOD, FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262004

Chg-P

CR2E034 (10/03)

4. FEI Number

56-2283043

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A;BERTI, REYNOLD C
303 HUNTERS PT TRAIL
LONGWOOD, FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERTI, REYNOLD C	<input checked="" type="checkbox"/>
STREET ADDRESS	303 HUNTERS PT TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HAPPEL, CELESTE	
STREET ADDRESS	27 PORTICO PL NEWMAN	
CITY-ST-ZIP	NEWMAN, GA 30265	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ALBERTI, VICTORIA	
STREET ADDRESS	9755 HIGH TOWER RD	
CITY-ST-ZIP	ROSWELL, GA 30075	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALBERTI, JENNIFER	<input checked="" type="checkbox"/>
STREET ADDRESS	2765 HERTH KENMORE AVE APT 1 FRONT	
CITY-ST-ZIP	CHICAGO, IL 60614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, CELESTE	
STREET ADDRESS	5705 ALMOND LAKE	
CITY-ST-ZIP	KEWEE, TX 76248	
TITLE	ALDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTI, VICTORIA	
STREET ADDRESS	4980 NORTH BRIDGE DR	
CITY-ST-ZIP	ALPHARETTA, GA 30022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 JUL 04 407-862-
2520