


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P02000077511 | |  |
| 1. Entity Name KATHLEEN SMITH DESIGNS, INC. | | |
| Principal Place of Business 1401 VILLAGE BOULEVARD SUITE 1015 WEST PALM BEACH, FL 33409 | Mailing Address 1401 VILLAGE BOULEVARD SUITE 1015 WEST PALM BEACH, FL 33409 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent SMITH, KATHLEEN 1401 VILLAGE BOULEVARD SUITE 1015 WEST PALM BEACH, FL 33409 | | 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 <u>Kathleen D. Smith, President/Design Principal May 1, 2005</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, KATHLEEN 1401 VILLAGE BOULEVARD SUITE 1015 WEST PALM BEACH, FL 33409 | |
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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: <u>Kathleen D. Smith, KATHLEEN SMITH, May 1, 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3860468

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| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000361415
05/05/05-80074-018 150.00

**DO NOT WRITE
IN THIS SPACE**

561-686
3488