

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118839

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: MARGARET H. O'ROURKE DESIGNS, INC.

## Current Principal Place of Business:

533 W NEW ENGLAND AVE  
SUITE C  
WINTER PARK, FL 327900350

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 350  
WINTER PARK, FL 327900350

## New Mailing Address:

P.O. BOX 2071  
WINTER PARK, FL 327900350

FEI Number: 57-1137167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELLOWS, DANIEL B  
533 W NEW ENGLAND AVE  
SUITE C  
WINTER PARK, FL 327900350 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: DPST ( ) Delete  
Name: O'ROURKE, MARGARET H  
Address: P.O. BOX 350  
City-St-Zip: WINTER PARK, FL 327900350

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: O'ROURKE, MARGARET H  
Address: P.O. BOX 2071  
City-St-Zip: WINTER PARK, FL 327900350

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: MARGARET O'ROURKE

MS

01/07/2005

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

\_\_\_\_\_  
Date