


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90003 015 ***150.00

DOCUMENT # P02000124431

1. Entity Name
DESIGN WERX INC.



Principal Place of Business: **12301 W COLONIAL DRIVE WINTER GARDEN FL 34787**

Mailing Address: **12301 W COLONIAL DRIVE WINTER GARDEN FL 34787**

54072686



MOORE CR2E034 (4/04)

2. Principal Place of Business
 Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address
 Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **55-0794671**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

~~HUGHES, J. DAN~~
~~325 MEADOW SWEET CIRCLE~~
~~OCOEE FL 34761~~

7. Name and Address of New Registered Agent

Name **Hughes, J. Dan**

Street Address (P.O. Box Number Is Not Acceptable)
400 E. Silver Star Rd.

City **Ocoee** State **FL** Zip Code **34761**

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 _____ DATE **9/8/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, J. DAN	
STREET ADDRESS	325 MEADOW SWEET CIR	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, SHERRI	
STREET ADDRESS	325 MEADOW SWEET CIR	
CITY-ST-ZIP	OCOEE FL 34761	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughes, J. Dan	
STREET ADDRESS	400 E. Silver Star Rd.	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughes, Sherri	
STREET ADDRESS	400 E. Silver Star Rd.	
CITY-ST-ZIP	Ocoee, FL 34761	
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		
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: _____ DATE **9/8/04** DAYTIME PHONE # **407-654-9255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR