

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90262 045 ***158.75

DOCUMENT # P03000015133

1. Entity Name
D & T DESIGN, INCORPORATED



Principal Place of Business
811 SW 44TH ST
SUITE 1
CAPE CORAL, FL 33914

Mailing Address
811 SW 44TH ST
SUITE 1
CAPE CORAL, FL 33914

94076106



2. Principal Place of Business
811 SW 44th St

3. Mailing Address
811 SW 44th St

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.
SUITE 1

04272004

Chg-P

CR2E034 (10/03)

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number
753074728

Applied For

Not Applicable

Zip
33914

Country
USA

Zip
33914

Country
USA

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

DORAMUS, JOHN
1441 DUBONNET CT
FORT MYERS, FL 33919

Name
Addy Hines

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

1912 SW 18TH TER.

City
CAPE CORAL

FL

Zip Code
33991

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: Addy Hines - Addy Hines

4/27/04

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TANSACHA, TED 1912 SW 18TH TER CAPE CORAL, FL 33991 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HINES, ADDY M 1912 SW 18TH TER CAPE CORAL, FL 33991 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 agents.

SIGNATURE:

Addy Hines - vice president

4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #