

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000015808

1. Entity Name
DIVINE LOVE DESIGNS, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 30 AM 8:00

Principal Place of Business
435 SAND AVENUE
APOPKA, FL 32703

Mailing Address
435 SAND AVENUE
APOPKA, FL 32703



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1091799

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, PATRICIA A
435 SAND AVENUE
APOPKA, FL 32703

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

FILE NAME STREET ADDRESS CITY-STATE-ZIP	CEO WRIGHT, PATRICIA ANN 435 SAND AVENUE APOPKA, FL 32703
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700098657277
04/30/07-0101F-001 **158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #