


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90263 024 \*\*\*150.00

<b>DOCUMENT # P03000037649</b>	
1. Entity Name DC DESIGNS, INC.	

Principal Place of Business C/O ERIK C. LARSEN, P.A. 243 W. PARK AVE., STE. 201 WINTER PARK, FL 32789	Mailing Address C/O ERIK C. LARSEN, P.A. 243 W. PARK AVE., STE. 201 WINTER PARK, FL 32789
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2. Principal Place of Business <b>658 EAST LAKE ROAD</b>	3. Mailing Address <b>658 EAST LAKE ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PALM HARBOR, FLORIDA</b>	City & State <b>PALM HARBOR, FLORIDA</b>
Zip <b>34685</b>	Country <b>USA.</b>



04232004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0037505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROWTHER, DAVID 658 EAST LAKE ROAD PALM HARBOR, FL 34685	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWTHER, DAVID WINDY ACRES 8 MILLTHORPE SLEAFORD, LINCOLNSHIRE NG34 OLD, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROWTHER, CHRISTINE WINDY ACRES 8 MILLTHORPE SLEAFORD, LINCOLNSHIRE NG34 OLD, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE: *D. Crowther* **D. CROWTHER** **4-26-04** **727-787-9554**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #