


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90032 013 \*\*\*150.00

<b>DOCUMENT # P03000053933</b>			
1. Entity Name <b>DESIGNERS' CONSIGNER, INC.</b>			
Principal Place of Business <b>6009 KIPPS COLONY DR. E GULFPORT FL 33707</b>		Mailing Address <b>6009 KIPPS COLONY DR. E GULFPORT FL 33707</b>	
2. Principal Place of Business <b>1033 Central Ave</b>		3. Mailing Address <b>1033 Central Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>St Petersburg, FL</b>		City & State <b>St Petersburg, FL</b>	
Zip <b>33705</b>		Zip <b>33705</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>#65-1188093</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KARIKAS, DEAN W 3643 1ST AVE. N ST. PETERSBURG FL 33713</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <u>[Signature]</u> <b>N/A</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARIKAS, JULIE D 6009 KIPPS COLONY DR. E GULFPORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD: Michele Bahen 1033 Central Ave St Petersburg, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARIKAS, DEAN W 6009 KIPPS COLONY DR. E GULFPORT FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michele Bahen <input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

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:** [Signature] **JULIE D. KARIKAS** 4/17/04 (727) 458-6575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #