

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055133

FILED
Apr 27, 2004
Secretary of State

Entity Name: RESIDENTIAL DESIGN SOLUTIONS INC.

Current Principal Place of Business:

2712 ROSSELLE STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2712 ROSSELLE STREET
JACKSONVILLE, FL 32205

New Mailing Address:

1604-302 MARGERET ST.
PMB 321
JACKSONVILLE, FL 32204

FEI Number: 83-0358617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KERR, RICHARD C
2712 ROSSELLE STREET
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

COONEY, CLAYTON L PRES
2712 ROSSELLE STREET
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: CLAYTON L COONEY

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: COONEY, CLAYTON L
Address: 7245 EXLINE ROAD
City-St-Zip: JACKSONVILLE, FL 32222

Title: VSD () Delete
Name: KERR, RICHARD C
Address: 8118 ROCKY CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: DEXTERHOUSE, TIMOTHY M
Address: 1650-302 MARGARET ST., PMB #321
City-St-Zip: JACKSONVILLE, FL 322043869

Title: D () Delete
Name: DEXTERHOUSE, TRAVIS M
Address: 2712 ROSSELLE STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: COONEY, CLAYTON L
Address: 1604 INWOOD TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAYTON L COONEY

PTD

04/27/2004

Electronic Signature of Signing Officer or Director

Date