


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90027 045 \*\*\*158.75

<b>DOCUMENT # P03000069589</b> 1. Entity Name <b>DESIGNER WOODEN DISPLAY &amp; CONSTRUCTION CO INC</b>					
Principal Place of Business <b>26614 W HWY 27 HIGH SPRINGS, FL 32643</b>			Mailing Address <b>26614 W HWY 27 HIGH SPRINGS, FL 32643</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>16-1666099</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MAHAN, RONALD M 26614 W HWY 27 HIGH SPRINGS, FL 32643</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT MAHAN, RONALD M 26614 W HWY 27 HIGH SPRINGS, FL 32643 <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	S MAHAN, KAREN 26614 W HWY 27 HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Karen A. Mahan</i> <b>KAREN A. MAHAN</b> <b>2/14/2007</b> <b>454-1989</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

40018706



02082007 Chg-P CR2E034 (12/06)

4. FEI Number  
16-1666099

Applied For  
Not Applicable

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

Name

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

City

FL 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

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

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ATTACHMENT

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registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

*Karen A. Mahan Sec. & Treasurer*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PVT

Name (Last, First, Middle, Title)

MAHAN

RONALD

M

- OR -

Entity Name to serve as Officer/Director

DESIGNER WOODEN  
DISPLAY & CONST. CO. INC.  
26614 W. US HIGHWAY 27  
HIGH SPRINGS, FL 32643

Street Address

26614 W HWY 27

City, State

HIGH SPRINGS

FL

Zip Code &amp; Country

32643

USA

Title

S

Name (Last, First, Middle, Title)

MAHAN

KAREN

- OR -

Entity Name to serve as Officer/Director

DESIGNER WOODEN  
DISPLAY & CONST. CO. INC.  
26614 W. US HIGHWAY 27  
HIGH SPRINGS, FL 32643

Street Address

26614 W HWY 27

City, State

HIGH SPRINGS

FL

Zip Code &amp; Country

32643

USA

Title

SECRETARY/TREASURER

Name (Last, First, Middle, Title)

MAHAN

KAREN A

TREASURER/  
SECRETARY

- OR -

Entity Name to serve as Officer/Director

DESIGNER WOODEN DISPLAY & CONST. CO.  
INC

Street Address

26614 W. Hwy 27

City, State

High Springs

FLA.

Zip Code &amp; Country

32643 USA

ATTACHMENT

40018706

www.sunbiz.org

## Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

P03000069589

Business Entity Name

DESIGNER WOODEN DISPLAY &amp; CONSTRUCTION CO INC

FEI Number

161666099

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☒ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

26614 W HWY 27

Suite, Apt. #, etc.

City, State

HIGH SPRINGS

FL

Zip Code &amp; Country

32643

## Mailing Address

Address

26614 W HWY 27

Suite, Apt. #, etc.

City, State

HIGH SPRINGS

FL

Zip Code &amp; Country

32643

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

MAHAN

RONALD

M

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

26614 W HWY 27

Suite, Apt. #, etc.

City, State

HIGH SPRINGS

FL

Zip Code &amp; Country

32643

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

RECEIVED  
JAN 30 2007  
CIU REV/ADM