

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90003 004 \*\*\*150.00

<b>DOCUMENT # P03000079476</b>			
<b>1. Entity Name</b> WILLIAM CARROLL DESIGNS, INC.			
<b>Principal Place of Business</b> 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES, FL 34103		<b>Mailing Address</b> 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES, FL 34103	
<b>2. Principal Place of Business</b> 2742 14th St. N. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2742 14th St. N. Suite, Apt. #, etc.	
<b>City &amp; State</b> Naples, FL Zip: 34103 Country: USA		<b>City &amp; State</b> Naples, FL Zip: 34103 Country: USA	
<b>4. FEI Number</b> 54-2118825		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCCAFFREY, JUDITH E 5811 PELICAN BAY BLVD., SUITE 206-A NAPLES, FL 34108		<b>7. Name and Address of New Registered Agent</b> Name: Carol Fitzgerald Street Address (P.O. Box Number is Not Acceptable): 2742 14th St. N. City: Naples, FL Zip Code: 34103	
<b>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.</b> SIGNATURE: <u>Carol Fitzgerald</u> <u>Carol Fitzgerald</u> <u>2-18-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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: President NAME: Carol Fitzgerald STREET ADDRESS: 2742 14th St. N. CITY-ST-ZIP: Naples, FL 34103	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: Secretary NAME: Mary Carol Fitzgerald STREET ADDRESS: 2742 14th St. N. CITY-ST-ZIP: Naples, FL 34103	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: Treasurer NAME: Keri Johnson STREET ADDRESS: 8137 Ronda Ct CITY-ST-ZIP: Naples, FL 34103	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>			
<b>SIGNATURE:</b> <u>Carol Fitzgerald</u> <u>Carol Fitzgerald</u>		<u>2-18-04</u>	<u>239-434-8722</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>