

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-30-2004 90267 012 ***150.00

DOCUMENT # P03000092201

1. Entity Name

DESIGNER DRAGONS, INC.



Principal Place of Business

**3291 S SUNCOAST BLVD
HOMOSASSA FL 34448
US**

Mailing Address

**3291 S SUNCOAST BLVD
HOMOSASSA FL 34448
US**

00420614



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-3703535

Applied For

Not Applicable

5. Certificate of Status Desired *

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARYSE, MEAD
12448 KITE RD
BROOKSVILLE FL 34614**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**P
MEAD, MARYSE
12448 KITE RD
BROOKSVILLE FL 34614**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARYSE MEAD

04/28/04

352-628-9767

Date

Daytime Phone #