

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90141 017 \*\*\*150.00

**DOCUMENT # P03000105383**

1. Entity Name  
**DESIGN HR, INC.**



Principal Place of Business  
**100 SECOND AVE S  
SUITE 104-S  
ST. PETERSBURG, FL 33701 US**

Mailing Address  
**100 SECOND AVE S  
SUITE 104-S  
ST. PETERSBURG, FL 33701 US**

**40051034**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State  
Zip Country

4. FEI Number  
**56-2407336**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BUCHANAN, SCOTT  
100 SECOND AVE S  
SUITE 104-S  
ST. PETERSBURG, FL 33701**

**7. Name and Address of New Registered Agent**

Name **DILIP PATEL, PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2963 GULF TO BAY BLVD #208**  
City **CLEARWATER FL** Zip Code **33759**

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)

**3/15/07**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	BUCHANAN, SCOTT	
STREET ADDRESS	100 SECOND AVE S, SUITE 104-S	
CITY - ST - ZIP	ST. PETERSBURG, FL 33701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MALONE, JUDITH C	
STREET ADDRESS	100 SECOND AVE S, SUITE 104-S	
CITY - ST - ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/07**  
Date

Daytime Phone #