

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000132885

1. Entity Name  
SITUATION DESIGN, INC.



Principal Place of Business  
3118 WEST PEARL AVENUE  
TAMPA, FL 33611

Mailing Address  
3118 WEST PEARL AVENUE  
TAMPA, FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022005

Chg-P

CR2E034 (10/03)

4. FEI Number  
20-0430508

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

ESSOGLU, TRACY A DR.  
3118 WEST PEARL AVENUE  
TAMPA, FL 33611

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 \$550.00  
Due by September 7, 2005**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DR  
ESSOGLU, TRACY A  
3118 WEST PEARL AVENUE  
TAMPA, FL 33611 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400060046554  
09/28/05--01050--001 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400060046994  
09/28/05--01050--002 \*\*8.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
DR A/27

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

DR TRACY A. ESSOGLU

9/20/05

813-837-8607

Date Daytime Phone #

Florida Department of State  
Glenda E. Hood  
Secretary of State

Subject: Situation Design, Inc.  
Ref.Number:P03000132885  
September 20 2005

Dear Sir:

The first notice I received from you was, "Notice of intent to Dissolve."

I am living in Italy at this time and on a visit to Tampa. No 2005 For Profit Corporation Annual Report was ever received at 3118 West Pearl Avenue. I am enclosing my check (1095) drawn on Suncoast Schools Federal Credit Union for \$150.00. Now I know to expect this report I will take great care that it is filed on time. It is uncertain when I will return to Florida but it is my desire to keep my company in good standing .

Attention Gary Blankenbaker  
Document Specialist  
Number:405A00054344 Letter

Yours Truly,

  
Dr. Tracy A Essogbu