

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 027 ***150.00

DOCUMENT # P03000141109

1. Entity Name

APPLIED DESIGN, INC.



Principal Place of Business

5141 13TH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address

5141 13TH AVENUE NORTH
ST. PETERSBURG FL 33710

2. Principal Place of Business

Home
Suite, Apt. #, etc.

3. Mailing Address

5141-13th Ave No
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

St. Pete, FL
Zip 33710 Country Pinellas

City & State

11
Zip 11 Country 11

FEI Number

263577108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHORB, JOHN R
5141 13TH AVENUE NORTH
ST. PETERSBURG FL 33710

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)

4/5/06
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 P
NAME SCHORB, JOHN R
STREET ADDRESS 5141 13TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

TITLE V
NAME SCHORB, DANIEL L
STREET ADDRESS 5141 13TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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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

1/24/06 (727) 515-0092
Date Daytime Phone #