

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # P03000142725**

1. Entity Name

DESIGNS BY TERRI, INC.



04-29-2004 90394 001 \*\*\*100.00

04-29-2004 90394 002 \*\*\*\*50.00

Principal Place of Business  
737 DRIFTWOOD CIRCLE  
PONTE VEDRA BEACH FL 32082

Mailing Address  
737 DRIFTWOOD CIRCLE  
PONTE VEDRA BEACH FL 32082

00310110



MOORE CR2E034 (11/03)

2. Principal Place of Business  
989 Monument Road

Suite, Apt. #, etc.

321

City & State

JACKSONVILLE FL

Zip

32225

Country

USA

3. Mailing Address  
989 Monument Road

Suite, Apt. #, etc.

321

City & State

JACKSONVILLE FL

Zip

32225

Country

USA

4. FEI Number  
61-1460505

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

TERRI, HALL  
737 DRIFTWOOD CIRCLE  
PONTE VEDRA BEACH FL 32082

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 re-appointing)

4/9/04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
HALL, TERRI  
737 DRIFTWOOD CIRCLE  
PONTE VEDRA BEACH FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
989 Monument Road, #321  
JACKSONVILLE FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/9/04

904-434-8200

Date

Daytime Phone #