


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90360 041 ***150.00

DOCUMENT # P04000035136																																							
1. Entity Name GASPARILLA DESIGNS INC																																							
Principal Place of Business 1214 WINSTON AVENUE PORT CHARLOTTE, FL 33952 US			Mailing Address 1214 WINSTON AVENUE PORT CHARLOTTE, FL 33952 US																																				
2. Principal Place of Business 15507 Melport Cir. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.																																					
City & State Port Charlotte, FL		City & State		4. FEI Number 90-0147059																																			
Zip 33981		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent MILLER, DIANE E 299 FERRIS DRIVE PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name: <u>Derrick Knapp</u> Street Address (P.O. Box Number is Not Acceptable): <u>15507 Melport Cir</u> City: <u>Port Charlotte</u> FL <u>33981</u>																																				
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				DATE: <u>2-25-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;"> <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> </td> <td style="width: 40%; padding: 2px;"> <p>P KNAPP, DERRICK K <input type="checkbox"/> Delete</p> <p>1214 WINSTON AVENUE PORT CHARLOTTE, FL 33952</p> </td> <td style="width: 30%; padding: 2px;"> <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> </td> <td style="width: 30%; padding: 2px;"> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>15507 Melport Cir Port Charlotte, FL 33981</p> </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<p>P KNAPP, DERRICK K <input type="checkbox"/> Delete</p> <p>1214 WINSTON AVENUE PORT CHARLOTTE, FL 33952</p>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>15507 Melport Cir Port Charlotte, FL 33981</p>																								
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>2-25-06</u> <small>Daytime Phone #</small>																																			