


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 028 ***150.00

DOCUMENT # P04000050019	
1. Entity Name FLORIDA DESIGN CONCEPTS, INC.	

Principal Place of Business 2111 LYCHEE LN NOKOMIS FL 34275	Mailing Address 2111 LYCHEE LN NOKOMIS FL 34275
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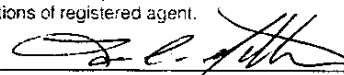
2. Principal Place of Business - No P.O. Box # 486 BELLINI CIRCLE	3. Mailing Address 486 BELLINI CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State NOKOMIS, FLORIDA	City & State NOKOMIS FLORIDA
Zip 34275	Country US
Zip 34275	Country US

4. FEI Number 16-1694978	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent MILLER, LEE C 2111 LYCHEE LN NOKOMIS FL 34275	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 486 BELLINI CIRCLE City NOKOMIS FL 34275	

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  LEE C. MILLER	DATE 2-11-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE MILLER, LEE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, LEE C		NAME	
STREET ADDRESS 2111 LYCHEE LN		STREET ADDRESS	
CITY-ST-ZIP NOKOMIS FL 34275		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE:  LEE C. MILLER	DATE 2-11-08 (941) 966-6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	