## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P04000054600

1. Entity Name

DOWN SOUTH DESIGNS, INC.



Mailing Address

615 W 14TH ST APOPKA, FL 32703

Principal Place of Business

615 W 14TH ST APOPKA, FL 32703

## FILED Jul 28, 2006 08:00 AN Secretary of State



07132006

No Chg-P

CR2E034 (11/05)

4. FEI Number 13-4278576 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, SHAUN R 615 W 14TH ST APOPKA, FL 32703

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Size of Eorida Lam familiar with, and accept the obligations of registered agent.  07/28/06-80008-012 150.00					
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 \$150.00 Due by September 6, 2006		Slection Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIR	ECTORS			
TITLE	D				, ,
NAME	GUZMAN, SHAUN R				
STREET ADDRESS	615 W 14TH ST				
CITY-ST-ZIP	APOPKA, FL 32703				
TITLE					,
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					· · · · · · · · · · · · · · · · · · ·
NAME					
STREET ADDRESS				<b>D</b> O	NOTME
CITY-ST-ZIP		•		DO	NOT WRITE
TITLE		···		INI	THE CDACE
NAME				IN	THIS SPACE
STREET ADDRESS					
CITY-ST-ZIP					
-					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					

12. Thereby 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:

STREET ADDRESS CITY - ST - ZIP

STRATURE AND TYPED OR PRINTED HAM OF SIGNING OFFI

Pres

7/13/06

407-889-589

Daytime Phone #