

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90021 017 ***150.00

DOCUMENT # P04000072686

1. Entity Name
PIVOTAL DESIGNS INC.



Principal Place of Business
**9471 REND CITY RD.
BENTON, IL 62812**

Mailing Address
**9471 REND CITY RD.
BENTON, IL 62812**

40104200



2. Principal Place of Business - No P.O. Box #
7777 SEMINOLE BLVD
Suite, Apt. #, etc.
2ND FL

3. Mailing Address
7777 SEMINOLE BLVD
Suite, Apt. #, etc.
2ND FL

02052008 Chg-P CR2E034 (12/06)

City & State
SEMINOLE FL
Zip
33772
Country
FLORIDA

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SEMINOLE FL
Zip
33772
Country
FLORIDA

4. FEI Number
86-1105200
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GABLE, WILLIAM D
7777 SEMINOLE BLVD.
2ND FLOOR
SEMINOLE, FL 33772**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
**PRES
ZSIDO, JOSEPH W
9471 REND CITY RD.
BENTON, IL 62812** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PROCACCINI, MICHAEL
7777 SEMINOLE BLVD. 2ND FLOOR
SEMINOLE, IL 33772** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
ZSIDO, ELIZABETH S
9471 REND CITY RD.
BENTON, IL 62812** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **Michael Procaccini**

02/10/08

770-729-0362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #