2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90120 027 ***150.00
P04000080325

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -7 AM 8:36

06292005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000080325

1. Entity Name
PROMINENT DESIGN SERVICES, INC.

Principal Place of Business	Mailing Address
2346 MESSENGER CIRCLE SAFETY HARBOR FL 34695	2346 MESSENGER CIRCLE SAFETY HARBOR FL 34695

2. Principal Place of Business		3. Mailing Address	
2346 Messenger Cir.		2346 Messsenger Cir.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Safety Harbor, FL		City & State: Safety Harbor FL	
Zip: 34695	Country: Pinellas	Zip: 34695	Country: Pinellas

4. FEI Number: 20-1145019 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. POPIOLEK, MATTHEW B 2346 MESSENGER CR SAFETY HARBOR, FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Matthew B Popiolek 06-29-05 (727)458-4538 cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #