


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90084 022 ***150.00

DOCUMENT # P04000082997	
1. Entity Name DESIGNS ON HEALTH, INC.	

Principal Place of Business 1290 4TH ST SARASOTA, FL 34236	Mailing Address 1290 4TH ST SARASOTA, FL 34236
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2. Principal Place of Business 3406 W. PEARL AVE Suite, Apt. #, etc.	3. Mailing Address 3406 W. PEARL AVE Suite, Apt. #, etc.
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City & State TAMPA	City & State TAMPA
Zip 33611	Country USA



05022005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1168248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KELLY, RODERICK V 1290 4TH ST SARASOTA, FL 34236	
7. Name and Address of New Registered Agent Name: KELLY RODERICK V Street Address (P.O. Box Number is Not Acceptable): 3406 W. PEARL AVE City: TAMPA FL Zip Code: 33611	

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: *Roderick V Kelly* (NOTE: Registered Agent signature required when reinstating) DATE: May 1, 2005

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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	P KELLY, RODERICK V 1290 4TH ST SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Roderick V Kelly* DATE: May 1, 2005 941-685-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #