2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P04000140394 1. Entity Name LRS DESIGNS, INC.						04-27-2005 9	00296 008 **	**150	0.00
Principal Place of Business Mailing Address				,	1				
	OND PARK DR EAST E, FL 32224	P O DRAWER 2759 GAINESVILLE, FL 32602	-		A HORICONNI AN	seni čišii ččin ssil ssip	- +	(8 6) 8:2 1	NGS II INGL
2. Principal Place of Business 3.		3. Mailing Address	, Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072005	Chg-P	CR2E034 (10	0/03)		
City & State		City & State		4. FEI Numb	390-4479			plied For Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5 Addi equired	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	gistered Agent		
				•					
SALZMAN, ANTHONY J MOODY & SALZAMAN, P.A.				Street Address (P.O. Box Number is Not Acceptable)					
	VERSITY AVE - STE A								
GAIENSVILLE, FL 32602-2759									
			City				FL Zi	p Code	,
The above named entity submits this statement for the purpose of changing its registered or the purpose of ch						the in the Class of Fla			
	ions of registered agent.	the borbose of cuanding its it	egistered onice	or register	red agent, or bo	in, in the state of Flor	iga. Famiamilia	r wan, a	ано ассерт
SIGNATURE_	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent sig	nature required	d when reinstating)		DATE		
		<u> </u>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				\$5 □ Add	.00 May Be led to Fees				
10.	OFFICERS AND D	NRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRE	CTORS	IN 11
TITLE	D OITIGERS AND E	Delete	TITLE		7.001110110	Office Contract	<u>□ 0</u> 0		Addition
NAME	SMITH, LOURDES R	LI Doloid	NAME						
STREET ADDRESS	4020 RICHMOND PARK DR EAS	Г	STREET ADORES	is					
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP						
TITLE	D	☐ Defete	TITLE	1			□ c	hange	Addition
NAME	SMITH, CONSTANCE C	_	NAME	.					
STREET ADDRESS	4020 RICHMOND PARK DR EAS	ſ	STREET ADDRES	is					
CITY-ST-ZIP	JACKSONVILLE, FL 32224								- Addition
TITLE		☐ Delete	TITLE NAME					nange	☐ Addition
NAME STREET ADDRESS			STREET ADDRES	is					
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NAMÉ			NAME				_	•	
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NAME			NAME	.					
STREE! ADDRESS			STREET ADDRES	¹²					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	1			□ C	hange	Addition
NAME CTOTAL ADDRESS			NAME STREET ADDRES						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
Offic Ot The	l .		_ U						

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 tegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee 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:

SIGNATURE

Date

Date

Date

Date

Degrane Price 1