

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019051

FILED  
Apr 07, 2011  
Secretary of State

Entity Name: KIM WISE, DESIGNER, INC.

**Current Principal Place of Business:**

1701 NE 42ND AVE  
SUITE 402  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1701 NE 42ND AVE  
SUITE 402  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 80-0137804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WISE, KIM  
6832 SE 87TH ST  
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WISE, KIM  
Address: 6832 SE 87TH ST  
City-St-Zip: Ocala, FL 34472

Title: VP  
Name: WISE, BOB  
Address: 6832 SE 87TH ST  
City-St-Zip: Ocala, FL 34472

Title: S  
Name: WISE, MEGAN  
Address: 6832 SE 87TH ST  
City-St-Zip: Ocala, FL 34472

Title: T  
Name: WISE, AUBREY  
Address: 6832 SE 87TH ST  
City-St-Zip: Ocala, FL 34472

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM WISE

PRES

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date