

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90013 033 ***150.00

DOCUMENT # P06000056079

1. Entity Name

FISICS DESIGN, INC.



Principal Place of Business

113 STIRRUP KEY WOOD RD
MARATHON FL 33050

Mailing Address

113 STIRRUP KEY WOOD RD
MARATHON FL 33050

2. Principal Place of Business - No P.O. Box #

111 StIRRUP Key Wood Rd

Suite, Apt. #, etc.

2A2

City & State

MARATHON FL

Zip

33050

Country

USA

3. Mailing Address

111 StIRRUP Key Wood Rd

Suite, Apt. #, etc.

2A2

City & State

MARATHON FL

Zip

33050

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

75-3227568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTLEY, APRIL
113 STIRRUP KEY WOOD RD
MARATHON FL 33050

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

3/14/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOTLEY, APRIL M	
STREET ADDRESS	113 STIRRUP KEY WOOD RD	
CITY - ST - ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISICARO, PAUL	
STREET ADDRESS	113 STIRRUP KEY WOOD RD	
CITY - ST - ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	111 StIRRUP Key Wood Rd 2A2
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	111 StIRRUP Key Wood Rd 2A2
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

305-289-7291

Daytime Phone #