

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90134 020 ***150.00

DOCUMENT # P06000152069

1. Entity Name
EAT WELL DESIGNS, INC.



Principal Place of Business
18204 GULF BLVD.
REDINGTON SHORES, FL 33708

Mailing Address
18204 GULF BLVD.
REDINGTON SHORES, FL 33708

2. Principal Place of Business - No P.O. Box #
5200 Gulf Blvd.
Suite, Apt. #, etc.

3. Mailing Address
7551 141ST STREET
Suite, Apt. #, etc.



03222007 Chg-P CR2E034 (12/06)

City & State
ST PETERSBURG BEACH
Zip
33706-2428
Country
PINELLAS

City & State
SEMINOLE FL
Zip
33776-3704
Country
PINELLAS

4. FEI Number
20-8014057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASEY, DANIEL J
18204 GULF BLVD.
REDINGTON SHORES, FL 33708

7. Name and Address of New Registered Agent

Name
CASEY, DANIEL J
Street Address (P.O. Box Number is Not Acceptable)
7551 141ST STREET
City
SEMINOLE FL Zip Code
33776-3704

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CASEY, DANIEL J
18204 GULF BLVD.
REDINGTON SHORES, FL 33708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CASEY, DANIEL J
7551 141ST STREET
SEMINOLE FL 33776-3704 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained in Chapter 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

Date

Daytime Phone #