

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90023 001 ***150.00

DOCUMENT # P07000041106

1. Entity Name

TRICIA LEE DESIGNS, INC.



Principal Place of Business

13860 AVON PARK CIRCLE #202
FT MYERS FL 33912

Mailing Address

13860 AVON PARK CIRCLE #202
FT MYERS FL 33912



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

20194 Lario Loop

Suite, Apt. #, etc.

3. Mailing Address

20194 Lario Loop

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Estero, FL

City & State

Estero, FL

4. FEI Number

Applied For
☒ Not Applicable

Zip

33928

Country

USA/Lee

Zip

33928

Country

Lee/USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OTTO, TRICIA H
13860 AVON PARK CIRCLE #202
FT MYERS FL 33912

7. Name and Address of New Registered Agent

Name: Tricia H. Otto

Street Address (P.O. Box Number is Not Acceptable)

20194 Lario Loop

City: Estero

FL

Zip Code

33928

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]

Tricia Otto

4/2/08

Signature, typed or printed name of registered agent, if the filer is the filer.

(NOTE: Registered Agent signature required when not filing.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 PSTD ☐ Delete
NAME OTTO, TRICIA H
STREET ADDRESS 13860 AVON PARK CIRCLE #202
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

Date

239-822-0026

Daytime Phone #