

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104759

FILED  
May 23, 2010  
Secretary of State

**Entity Name:** DESIGNSCAPES OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

390 WOLDUNN CIRCLE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 954055  
LAKE MARY, FL 32795 US

**New Mailing Address:**

FEI Number: 26-1108879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLDA, MICHAEL P  
390 WOLDUNN CIRCLE  
LAKE MARY, FL 32746 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: FOLDA, MICHAEL  
Address: P.O. BOX 954055  
City-St-Zip: LAKE MARY, FL 32795 US

Title: VPSD  
Name: FOLDA, SHERRY  
Address: 390 WOLDUNN CIRCLE  
City-St-Zip: LAKE MARY, FL 32746 US

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: MICHAEL FOLDA

PRES

05/23/2010

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

\_\_\_\_\_ Date