

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-15-2008 90026 016 ***150.00

DOCUMENT # P07000108746					
1. Entity Name PETER DENES DESIGN INC					
Principal Place of Business 2013 HARRIET DR TALLAHASSEE FL 32303 US			Mailing Address 2013 HARRIET DR TALLAHASSEE FL 32303 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-1159983	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DENES, LORETTA 2013 HARRIET DR TALLAHASSEE FL 32303				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 _____ DATE _____ Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when not on file.)					
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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DENES, PETER STREET ADDRESS 2013 HARRIET DR CITY- ST- ZIP TALLAHASSEE FL 32303	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Change ☐ Addition	
TITLE VP NAME DENES, LORETTA STREET ADDRESS 2013 HARRIET DR CITY- ST- ZIP TALLAHASSEE FL 32303	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Change ☐ Addition	
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Delete		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 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: <i>X Peter Denes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/28/08 (850) 662-5842 Date		