2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09000032101 1. Entity Name SAN MARCO DESIGN, INC.				1:	HAY II	PH 3: 59	}	
Principal Place of Business	Mailing Address					:		
1422 SAN MARCO BOULEVARD 1422 SAN MARCO BOUL JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207			JS		ī: ·	;		
				1 (4 8 (1 8 8) (1) 4 8 8	1 5 15111 65111 65111 5511	##(##) ## (###) ((#)		H H ((184)
Principal Place of Business - No P.O. Box # 3. Mailing Address				An		distant		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			05032012	Chg-P	CR2E034 (1	2/11)	
City & State	City & State	City & State		4. FEI Number 26-45550	160			lied For
Zip Country	Zip	Countr	у	5. Certificate of S			5 Addit	
6. Name and Address of Current Registered Agent				7. Name and Ad	dress of New Re			
IOUNICTON JENNIEED A			Name					
JOHNSTON, JENNIFER A 1150 MONTEREY STREET JACKSONVILLE, FL 32207			Street Address (P.O. Box Number is Not Acceptable)					
			*					
			City			FL Z	p Code	
8. The above named entity submits this state	eprent for the purpose of phanging its	registered	office or register	ed agent, or both, ir	the State of Flori	da. I am familia	r with, a	nd accept
the obligations of registered agent. SIGNATURE	f oh		-			-3-12-		
	fords significand the applicable (NOTE	: Registered /	Agent signature required	=				
FILE NOW!!! FEE IS \$55 Due by September 28, 2		-		.00 May Be ed to Fees		i de la	4	LE EX.
10. OFFICE	RS AND DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11
TILE P	Delete IIII						Change	Addition
	OHNSTON, JENNIFER A NAME 150 MONTEREY STREET A STREET AL		r Annesse					
CITY-ST-ZIP JACKSONVILLE, FL 322	· · · · · · · · · · · · · · · · · · ·		1					
TITLE	☐ Delete	TITLE					hange	Addition
NAME		NAME		05/11/12	023 4 9 01004	ല്ട്ട് (-8004 - കുക	ყ ლიი ი	
STREET ADDRESS CITY-ST-ZIP		STREET CITY-S	ADDRESS	CONTRA IC	OTOUT :-	<u>⊺UU+† 76146.</u>	500.0	1)
TITLE	□ Delete	TITLE	,,-En				hange	Addition
NAME	_ Delete	NAME				، بـــا	and age	
STREET ADDRESS			ADDRESS					
CITY-ST-ZIP TITLE		CITY-S	37- ZIP				. .	
NAME	☐ Delete	TITLE NAME				L.) (hange	Addition (
STREET ADDRESS		STREET	ADDRESS					
CITY-ST-ZIP		CITY-S	T-ZIP					<u>.</u>
NAME	☐ Delete	TITLE NAME					hange	Addition
STREET ADDRESS			ADDRESS					
CITY-ST-ZIP		CITY-S	T-ZIP					
TITLE	☐ Delete	TITLE					hange	☐ Addition
NAME STREET ADDRESS		NAME	ADDOCCO					
CITY-ST-ZIP		CITY-S	T-ZIP					
12. I hereby certify that the information supplemental of the corporation or the receiver or trust changed, or on an attachment with an art	report is true and accurate and that in see empowered to execute this report :	m eionatur	a chall have the c	ame local offect ac	if made under on	the that I am an i	affinar ai	r disposins I
SIGNATURE:	of PRINTED NAME OF SIGNING OFFICER OR	DIDECTOR	5/3/12 PATE	jennifer b		ar(0-c	<u>lesi</u>	ans-con
JUNEAND ITE	- SIGNAL OF BIGINAL OFFICER OR	DIRECTOR	DVIE		E-MAIL ADDRESS			