


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90103 029 ***150.00

DOCUMENT # P93000003293	
1. Entity Name ELIZABETH'S DESIGNER RESALE, INC.	

Principal Place of Business 1950 THOMASVILLE ROAD SUITE F TALLAHASSEE, FL 32303	Mailing Address 1950 THOMASVILLE ROAD SUITE F TALLAHASSEE, FL 32303
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40048122



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3158849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOBLES, ELIZABETH E. 2040 TEWKESBURY TRACE 8973 WINGED FOOTE DRIVE TALLAHASSEE, FL 32309 32312	
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**DO NOT WRITE
IN THIS SPACE**

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 <i>Clarence E Hallmark</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4-4-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOBLES ELIZABETH E. 2040 TEWKESBURY TRACE 8973 WINGED FOOTE DRIVE TALLAHASSEE, FL 32309 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HALLMARK, CLARENCE E 2040 TEWKESBURY TRACE 8973 WINGED FOOTE DRIVE TALLAHASSEE, FL 32309 32312
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Clarence E Hallmark</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-4-05 DAYTIME PHONE # 942-1226