

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000003293

1. Entity Name

ELIZABETH'S DESIGNER RESALE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 APR 16 PM 2:23

Principal Place of Business  
1950 THOMASVILLE ROAD  
SUITE F  
TALLAHASSEE FL 32303

Mailing Address  
1950 THOMASVILLE ROAD  
SUITE F  
TALLAHASSEE FL 32303



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3158849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOBLES, ELIZABETH E  
8973 WINGED FOOTE DR  
TALLAHASSEE FL 32312

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

*Clarence E Hallmark* SEC/TREAS

4/16/07

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

Date

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
NOBLES ELIZABETH E.  
8973 WINGED FOOTE DR  
TALLAHASSEE FL 32312 ☐ Delete

TITLE  
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CITY - ST - ZIP  
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HALLMARK, CLARENCE E  
8973 WINGED FOOTE DR  
TALLAHASSEE FL 32312 ☐ Delete

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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:

*Clarence E Hallmark*

4/16/07

858 992-1826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #