

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003293

FILED
Apr 16, 2008
Secretary of State

Entity Name: ELIZABETH'S DESIGNER RESALE, INC.

Current Principal Place of Business:

1950 THOMASVILLE ROAD
SUITE F
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1950 THOMASVILLE ROAD
SUITE F
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3158849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLES, ELIZABETH E
8973 WINGED FOOTE DR
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

HALLMARK, ELIZABETH E
8973 WINGED FOOT DR
TALLAHASSEE, FL 32312 US

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: ELIZABETH E HALLMARK

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOBLES ELIZABETH E.,
Address: 8973 WINGED FOOTE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: HALLMARK, CLARENCE E
Address: 8973 WINGED FOOTE DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HALLMARK ELIZABETH, E.
Address: 8973 WINGED FOOT DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: T (X) Change () Addition
Name: HALLMARK, CLARENCE E
Address: 8973 WINGED FOOT DR
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLARENCE E HALLMARK

T

04/16/2008

Electronic Signature of Signing Officer or Director

Date