


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000013816 1. Entity Name DESIGNED SIGNS CLEARWATER INC.	
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Principal Place of Business 1616 GULF TO BAY BLVD SUITE C CLEARWATER, FL 33755 US	Mailing Address 1616 GULF TO BAY BLVD SUITE C CLEARWATER, FL 33755 US
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01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3162438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BROWN, ALAN 1616 GULF TO BAY BLVD SUITE C CLEARWATER, FL 33755
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D BROWN, ALAN 1616 GULF TO BAY BLVD, STE C CLEARWATER, FL 33755
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02/02/04-80051-021 150.00

**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:  1/28/04 727 442-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #