## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

	ANNUAL	REPORT		_		2004 00.00 A
	MENT # P930000138			Seci	retary of State	
Entity Name     DESIGNED SIGNS CLEARWATER INC.						
			Supply 1	1		
1	ce of Business	Mailing Address				
1616 GULF   Suite C	TO BAY BLVD	1616 GULF TO BAY BLVD SUITE C				
	R, FL 33755 US		JS	 		
				01272004	No Chg-P	CR2E034 (10/03)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		Applied For
			i a la l	59-316		Not Applicable  \$8.75 Additional
· · · · · · · · · · · · · · · · · · ·				5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent				
BROWN, ALAN 1616 GULF TO BAY BLVD				DO	NOT W	RITE
SUITE C				IN T	THIS SP	ACE
CLEARWA	ATER, FL 33755					
8. The above	e named entity submits this statement for the	e numose of changing its register	ed office or registe	red agent or bot	h in the State of Flo	ida. Lam familiar with, and accent
the obligat	tions of registered accord-			rea agem, or not	ii, iii tiic olale oi i lo	Tan lamilar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	l/le / applicable. (NOTF: Registere	d Agent signature require	() when reinstating)	<u> </u>	DATE
0.51.1.0				<del></del>		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>		.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS	ر براند در این در در این د در این در ای	<del>ىرىن بىدىنى دىدا.</del> دېدى ئىمىنچىنى يىرى	ugrącińskiegowie z	a de la constanta de la consta
TITLE NAME	D BROWN, ALAN			errikania. Perialah		elemened kanlideled Juga pilo Libraria Mila Maria (1981)
STREET ADDRESS	1616 GULF TO BAY BLVD, STE C			tilitieti		7021087
CITY-ST-ZIP	CLEARWATER, FL 33755			á calla laláció da 4 8.45	102/02/04	-80051-021 150,00
TITLE NAME					Prioriti.	
STREET ADDRESS				litterial.		
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NAME				ili produkali Marakan		
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT W</b>	RITE
TITLE			Brandin Advis	i i i i i i i i i i i i i i i i i i i	THIS SP	promoje emelovajoje, vod po Povinjana i vidore i spisos
NAME						
				i de <b>stiv</b> ia. 1111 Julyana		
STREET ADDRESS CITY-ST-ZIP		<u> </u>				

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:

NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 Date

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