

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079752

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: SCAN DESIGN OF FT. LAUDERDALE, INC.

**Current Principal Place of Business:**

1153 BENNETT DRIVE  
LONGWOOD, FL 327506352 US

**New Principal Place of Business:**

**Current Mailing Address:**

1153 BENNETT DRIVE  
LONGWOOD, FL 327506352 US

**New Mailing Address:**

FEI Number: 59-3310224      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNUDSEN, K. P.  
1153 BENNETT DR.  
LONGWOOD, FL 32750

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: KNUDSEN, KNUD P  
Address: 460 WEBSTER AVENUE  
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete  
Name: ULRICK, AARHUS  
Address: 1153 BENNETT DR.  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: KUNDSSEN, PETER  
Address: 1153 BENNETT DR.  
City-St-Zip: LONGWOOD, FL 32750

Title: PSD (X) Delete  
Name: KNUDSEN, KUND P  
Address: 1153 BENNETT DR.  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: KNUDSEN, KNUD P  
Address: 1153 BENNETT DR.  
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Change ( ) Addition  
Name: AARHUS, ULRIK  
Address: 1153 BENNETT DR.  
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Change ( ) Addition  
Name: KNUDSEN, PETER  
Address: 1153 BENNETT DR.  
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KNUD P KNUDSEN

PSD

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date