

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90030 009 \*\*\*150.00

**DOCUMENT # P93000079752**

1. Entity Name  
**SCAN DESIGN OF FT. LAUDERDALE, INC.**



Principal Place of Business  
**1153 BENNETT DRIVE  
LONGWOOD, FL 32750-6352 US**

Mailing Address  
**1153 BENNETT DRIVE  
LONGWOOD, FL 32750-6352 US**

400100



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3310224</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KNUDSEN, KNUD P 1153 BENNETT DR. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNUDSEN, PETER 1153 BENNETT DR. LONGWOOD, FL 32750
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Knud P. Knudsen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06

Date

407-831-4633

Daytime Phone #