

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90412 039 \*\*\*150.00

**DOCUMENT # P94000013788**

1. Entity Name

ROGER ADRIAAN DESIGNS, INC.



Principal Place of Business

1270 NORTH EGLIN PARKWAY  
SUITE D  
SHALIMAR FL 32579  
US

Mailing Address

P.O. BOX 857  
SHALIMAR FL 32579  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 816

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

SHALIMAR, FL

4. FEI Number 59-3294156

Applied For  
Not Applicable

Zip

Country

32579

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

Name Michelle Anchors

Street Address (P.O. Box Number is Not Acceptable)  
909 Mar Walt Drive

Suite 1014

City Fort Walton Beach

FL

Zip Code 32547

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 Michelle Anchors

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	PD TESSIER, PAUL R 1270 N ELGIN PKY, SUITE D SHALIMAR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VD BEUKENKAMP, FELIX A 1270 N EGLIN PKY, SUITE D SHALIMAR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Paul R. Tessier PAUL R. TESSIER

2/5/07

850-651-8673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #