

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000021518

1. Entity Name
DESIGN AND DEVELOPMENT ENTERPRISES, INC.



FILED
CLERK OF STATE
DIVISION OF CORPORATION
04 AUG 27 PM 12:21

Principal Place of Business
6701 S. ST. RD. 33
CLERMONT, FL 34711

Mailing Address
6701 S. ST. RD. 33
CLERMONT, FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

05052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3231867

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TARA FINANCIAL SERVICES, INC.
489 W. MINNEHAHA AVE.
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name Andrea Thompson
Street Address (P.O. Box Number is Not Acceptable)
6701 South State Road 33
City Clermont FL 34711

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 Andrea Thompson
Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

8/19/2004
DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME THOMPSON, ANDREA J
STREET ADDRESS 6701 S. ST. RD. 33
CITY-ST-ZIP CLERMONT, FL 34711

TITLE Vice President ☐ Delete
NAME John E. Thompson
STREET ADDRESS 6701 S St Rd 33
CITY-ST-ZIP Clermont FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300041257013
CITY-ST-ZIP 09/22/04--01035--003 **\$61.25

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Andrea J. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/2004 (352) 394-8884
Date Daytime Phone #