

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000038590

FILED  
Feb 02, 2004  
Secretary of State

**Entity Name:** DESIGN & MANUFACTURING SOLUTIONS, INC.

**Current Principal Place of Business:**

6702 BEJAMIN ROAD  
STE 400  
TAMPA, FL 33634

**New Principal Place of Business:**

6702 BENJAMIN ROAD  
STE 400  
TAMPA, FL 33634

**Current Mailing Address:**

16203 SIERRA DE AVILA  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 59-3259113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLUCKMAN, JEREMY E  
707 N. FRANKLIN ST., FOURTH FLOOR  
TAMPA, FL 33602 US

**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: PT ( ) Delete  
Name: STERN, ELLIOT L  
Address: 16203 SIERRA DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: VS ( ) Delete  
Name: COBB, WILLIAM JR.  
Address: 726 18TH AVENUE NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

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

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

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: ELLIOT STERN

P

02/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date