

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000042630

1. Entity Name  
T-SHIRTS BY DESIGN, INC.



**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
8190 LAKE ROSS LANE  
SANFORD, FL 32771

Mailing Address  
8190 LAKE ROSS LANE  
SANFORD, FL 32771 US



01262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3318609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

LENART, YVONNE  
8190 LAKE ROSS LANE  
SANFORD, FL 32771

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U00000903681  
04/30/08-80056-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LENART, YVONNE
STREET ADDRESS	8190 LAKE ROSS LANE
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	
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CITY-ST-ZIP	

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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:** Yvonne Lenart - 800-701-7901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #