2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

1. Entity Name

FOLIAGE DESIGN SYSTEMS OF NORTHEAST FLORIDA

DOCUMENT # P95000074451



Apr 09, 2004 8:00 am Secretary of State

04-09-2004 90057 014 ***150.00

INC.							
Principal Place of Business		Mailing Address			-		
11190 ST JOHNS IND PKWY N JACKSONVILLE FL 32246 US		P O BOX 16365 JACKSONVILLE FL 32245-6365 US		5	T TERMER ME NAME PRIN ORDIN ARM COMMONINGER AND AREA SIGN		
2. Principal Place of Business		3. Mailing Address		· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	MOORE CR2E034 (11/	03)	
City & State		City & State			4. FEI Number 59-3335733	Applied For Not Applicable	
Zip	Country	Zip Count		ry		75 Additional Required	
	6. Name and Address of Curre	ent Registered Agent		61	7. Name and Address of New Registered Agent		
LIA C	GOOD, JOHN S	a see a see	-}	Name			
449	6 35TH ST. ANDO FL 32811				Street Address (P.O. Box Number is Not Acceptable)		
[-	City	FL Zi	ip Code	
R The above	named entity submits this statemen	t for the purpose of changing its	registere	d office or register	red agent, or both, in the State of Florida. I am familia	at with and accept	
	tions of registered agent.	tion the purpose of changing its	registeret	a onice or register	red agent, or both, in the state of Florida. Tariffamina	r with, and accept	
SIGNATURE	,						
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.0 k Payable to Florida Department	0 t of State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11	
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<u> </u>	ertify that the information supplied y	with this filling does not qualify for			ection 119.07(3Vi). Florida Statutes. Lighther certify tha	at the information	

The boy certify that the information supplied with this filling does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR