

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90078 004 ***150.00

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02012005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000007712 1. Entity Name JILLIAN TONGE DESIGNS, INC.			
Principal Place of Business 2152 ORANGESIDE RD PALM HARBOR, FL 34683 US		Mailing Address 2152 ORANGESIDE RD PALM HARBOR, FL 34683 US	
2. Principal Place of Business 5111 Lake Valencia Blvd E Suite, Apt. #, etc.		3. Mailing Address 5111 Lake Valencia Blvd E Suite, Apt. #, etc.	
City & State Palm Harbor, FL Zip 34684 Country USA		City & State Palm Harbor, FL Zip 34684 Country USA	
4. FEI Number 59-3355796		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JILLIAN TONGE 2152 ORANGESIDE RD PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name <u>Jillian Tonge</u> Street Address (P.O. Box Number is Not Acceptable) <u>5111 Lake Valencia Blvd E.</u> City <u>Palm Harbor</u> FL Zip Code <u>34683</u>	
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 <u>Jillian Tonge</u> DATE <u>3-1-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TONGE, JILLIAN 5111 LAKE VALENICA BLVD. E PALM HARBOR, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(c), 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: <u>Jillian Tonge</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-1-05</u> Daytime Phone # _____	