

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**


02-28-2005 90237 003 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**50020748**



02232005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P96000008942</b>			
1. Entity Name <b>GREGGORY THOMAS DESIGNS INC</b>			
Principal Place of Business <b>8500 IBIS COVE CIR NAPLES, FL 34119</b>		Mailing Address <b>8500 IBIS COVE CIR NAPLES, FL 34119</b>	
2. Principal Place of Business <b>2039 Wheeling Ave</b>		3. Mailing Address <b>2039 Wheeling Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>North Port FL</b>		City & State <b>NORTH Port FL</b>	
Zip <b>34288</b>		Zip <b>34288</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0652112</b>		Applied For <input type="checkbox"/> 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 <b>SCHMOTZER, THOMAS 8500 IBIS COVE CIR NAPLES, FL 34119</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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><i>Michelle Schmotzer</i></u> DATE <u><i>2-25-05</i></u> <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P SCHMOTZER, THOMAS G 8500 IBIS COVE CIR NAPLES, FL 34119		2039 Wheeling Ave North Port FL 34288	
VP SCHMOTZER, MICHELLE 8500 IBIS COVE CIR NAPLES, FL 34119		2039 Wheeling Ave North Port FL 34288	
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: <u><i>Michelle Schmotzer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>2-25-05</i></u> <small>Daytime Phone #</small>	