

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90553 006 ***150.00

DOCUMENT # P96000050265

1. Entity Name

DESIGN SERVICES INTERNATIONAL, INC.



Principal Place of Business

8085 NORTH ATLANTIC AVENUE
CAPE CANAVERAL FL 32920

Mailing Address

8085 NORTH ATLANTIC AVENUE
CAPE CANAVERAL FL 32920

2. Principal Place of Business

5201 OCEAN BEACH BLVD

3. Mailing Address

5201 OCEAN BEACH BLVD

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

Zip

32931

Country

USA

Zip

32931

Country

USA

4. FEI Number

59-3396990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALRON ENTERPRISES INC
390 DARRAGANSETT ST N.E.
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** **V/S** ☐ Delete
NAME GIBSON, JASON
STREET ADDRESS 8085 NORTH ATLANTIC AVENUE
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE **VSTD** **T/D** ☐ Delete
NAME GIBSON, LISA
STREET ADDRESS 8085 NORTH ATLANTIC AVENUE
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE **S** ☐ Delete
NAME GIBSON, CAROLE
STREET ADDRESS 5201 OCEAN BEACH BLVD #3
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE **P/D** ☐ Delete
NAME **WILLIAM GIBSON**
STREET ADDRESS **5201 OCEAN BEACH BLVD #3**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
NAME **JASON GIBSON**
STREET ADDRESS **same**
CITY-ST-ZIP

TITLE **TREASURER/DIRECTOR** ☒ Change ☐ Addition
NAME **LISA GIBSON**
STREET ADDRESS **same**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CAROLE GIBSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 **321-784-6306**
Date Daytime Phone #