2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 24, 2005 08:00 AM Secretary of State DOCUMENT # P96000080858 1. Entity Name TERRY SEITZ DESIGNS LIMITED, INC. Principal Place of Business -Mailing Address 6204 KEY LARGO LANE 6204 KEY LARGO LANE BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 74-2845971 Not Applicable _-Çountry 7in Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERLOW, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) C/O JEFFREY M. PERLOW & ASSOCIATES, P.A. 1820 E. HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009 City 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE Delete HILE Change ☐ Addition U00000194880 NAME SEITZ, THELMA NAME 01/26/05-80006-010 158.75 6204 KEY LARGO LANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP BOYNTON BEACH FL CITY-S1-ZIP Delete ☐ Change ☐ Addition NAME MARCUS, SONDRA 7844 ROCKFORD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-21P **BOYNTON BEACH FL 33437** CITY ST-ZIP THE Delete Ulit Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZiP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1 2rP THEF ☐ Defete BROK ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-76 TITLE DIGE Delete □ Change ☐ Addition MAME NAME STREET ADDRESS STRÉÉT AUDRESS CITY ST-ZIP CHY SI-AP

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

R OR DIRECTOR

SIGNATURE:

FILED