2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90755 048 ***158.75

DOCUMENT # P96000085984 1. Entity Name COLLECTIVE DESIGN, INC.								100	
Principal Place of Business 151 SW FLAGLER AVE. STUART, FL 34994		Mailing Address 151 SW FLAGLER AVENUE STUART, FL 34994							
2. Principal Place of Business		3. Mailing Address			 	([4 		41. 11.1 11.6 414 11.1 10.1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012004	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Number 65-0704	706		$ \vdash$	oplied For
Zip Country		Zip	Zip Country		-5Certificate of			8.75 Add	litional
-	6. Name and Address of Current	Registered Agent	·		7. Name and A	ddress of New I			<u> </u>
		Name			a Ng				
KAVANAU 151 SW FL STUART,	.AGLER AVE.			Street Address (P.O. Box Number	is Not Acceptabl	le)		
				City				Zip Code	 B
L							FL	<u>L</u>	i
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									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campai Trust Fund Contr			.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/C	HANGES TO OF	FICERS AND D	RECTORS	3 IN 11
TITLE	DP	☐ Delete	TITLE	l			[Change	Addition
NAME OTREE LIBRORIA	WHITMER, MARGARET I		NAME	4200000					
STREET ADDRESS CITY-ST-ZIP	202 S.E. MONTEREY AVE STUART, FL 34996		CITY-S	ADDRESS	•				,
TITLE	S	□ Delete	TITLE					Change	Addition
NAME	KAVANAUGH, PHILIP H	L. J Detete	NAME	1	•		ı	Onlange	L'1 Vogition
STREET ADDRESS	202 S.E. MONTEREY AVE.			ADDRESS			•		
CITY-ST-ZIP	STUART, FL 34996		CITY-S	T-ZIP					
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STREET ADDRESS				ADDRESS					-]
CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated					ation 410.07/03/0	Florida Otana	I for all the control of the	- shows the	
12. Thereby (certify that the information supplied with	n uns ning does not qualify for	r the exem	iption stated in Se	:cuon 119.07(3)(i),	Fiorida Statutes.	i further certif	v that the in	ntormation

Indicated on this report or supplied with this limit does not qualify for the exemption stated in Section 113.07(3)(f), Florida Statutes. Truthler certify that the information indicated on this report or suppliemental 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR