

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000011068

1. Entity Name
DESIGN PRESS INC.



Principal Place of Business
**323 POTTER RD
QUINCY, FL 32351 US**

Mailing Address
**PO BOX 42
GREENSBORO, FL 32330 US**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3449374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'CONOR, FRANK
R R 1 BOX, 261 EAST
QUINCY, FL 32351**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'CONOR, ANNA
STREET ADDRESS	ROUTE 1, BOX 261-E
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	VP
NAME	O'CONOR, FRANK
STREET ADDRESS	RT 1, BOX 261-E
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	S
NAME	HIERS, MELISSA
STREET ADDRESS	920 W FRANKLIN STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	T
NAME	HIERA, MICHAEL
STREET ADDRESS	3243 GINGER LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/04-80060-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Anna O'Connor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-04 850-442-4583

Date

Daytime Phone #