


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90069 042 ***150.00

| | | | | | |
|---|------------------------------|--------------------|--|---|--------------------------------------|
| DOCUMENT # P97000070361 | | | |  | |
| 1. Entity Name BARBARA ONDO DESIGNS, INC. | | | | | |
| Principal Place of Business 5415 SAN JOSE BLVD SUITE A JACKSONVILLE, FL 32207-7612 | | | Mailing Address 5415 SAN JOSE BLVD SUITE A JACKSONVILLE, FL 32207-7612 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MORRISON, BARBARA ONDO 4176 PRIMA VISTA CIR. NORTH JACKSONVILLE, FL 32217 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <i>MISSPELLED.</i> | <input type="checkbox"/> | Delete | |
| NAME | MORRISTON, BARBARA ONDO | | | | |
| STREET ADDRESS | 5415 SAN JOSE BLVD., SUITE A | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 322077612 | | | | |
| TITLE | VPST | | <input type="checkbox"/> | Delete | |
| NAME | MORRISON, R S | | | | |
| STREET ADDRESS | 5415 SAN JOSE BLVD., SUITE A | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 322077612 | | | | |
| TITLE | | | <input type="checkbox"/> | Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> | Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> | Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> | Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> | Delete | |
| 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)(f), 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: <i>R. S. MORRISON VP</i> | | | Date: <i>1/5/04</i> | | Daytime Phone #: <i>904-448-0466</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |



01052004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3465923** Applied For Not Applicable

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