

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90007 014 ***150.00

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1. Entity Name

LIQUID ASSETS BY DESIGN, INC.



Principal Place of Business

6093 W CR 78
ALVA FL 33920

Mailing Address

P O BOX 457
ALVA FL 33920
US

54019237



MOORE

CR2E034 (11/03)

2. Principal Place of Business

11126 Lakeland Cir

Suite, Apt. #, etc.

3. Mailing Address

11126 Lakeland Cir

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip 33913

Country US

City & State

Fort Myers, FL

Zip 33913

Country US

4. FEI Number

65-0786286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEHL, KEVIN C
6093 W CR 78
ALVA FL 33920

7. Name and Address of New Registered Agent

Name: Mehl, Kevin C

Street Address (P.O. Box Number is Not Acceptable)
11126 Lakeland Circle

City Fort Myers

FL

Zip Code 33913

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

Kevin C. Mehl

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 D ☐ Delete
NAME MEHL, KEVIN C
STREET ADDRESS 6093 W CR 78
CITY-ST-ZIP ALVA FL 33920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition
NAME Kevin C. Mehl
STREET ADDRESS 11126 Lakeland Circle
CITY-ST-ZIP Fort Myers, FL 33913

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

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

TITLE ☐ Change ☐ Addition
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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:

Kevin C. Mehl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #