

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000088946
 1. Entity Name
 DESIGN PROPERTIES, INC.



Principal Place of Business 2913 WESTSIDE BLVD. JACKSONVILLE, FL 32209	Mailing Address 2913 WESTSIDE BLVD. JACKSONVILLE, FL 32209
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03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3479415	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER, & MCMORMICK, P.A.
 50 NORTH LAURA STREET
 SUITE 2750
 JACKSONVILLE, FL 32202

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000099157
 03/30/04-80001-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VICKERS, EDGAR B 2913 WESTSIDE BLVD. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALBOT, THOMAS W 2913 WESTSIDE BLVD. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLEY, JR, GERALD P 2913 WESTSIDE BLVD. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: Gerald P. Kelley, Jr. Date: 3/9/04 Daytime Phone #: 904-764-6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR