

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90020 029 ***150.00

DOCUMENT # P97000094778

1. Entity Name

AUTHENTIC DESIGNS, INC.



Principal Place of Business

4507 FURLING LANE
SUITE 114
DESTIN FL 32541
US

Mailing Address

4507 FURLING LANE
SUITE 114
DESTIN FL 32541
US



2. Principal Place of Business - No P.O. Box #
36246 EMERALD COAST PKWY

3. Mailing Address
36246 EMERALD COAST. PKWY

Suite, Apt. #, etc.
NA.

Suite, Apt. #, etc.
NA.

1st MOORE

CR2E034 (10/07)

City & State
DESTIN, FL.

City & State
DESTIN FL.

4. FEI Number
59-3532464

Applied For
Not Applicable

Zip
32541

Country
OKLAHOMA

Zip
32541

Country
OKLAHOMA

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

6. Name and Address of Current Registered Agent

SCHOEPLER, STEPHAN
957 EMERALD BAY DRIVE
DESTIN FL 32541

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2008 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
SCHOEPLER, STEPHAN
957 EMERALD BAY DRIVE
DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.4.08