


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000001875		
1. Entity Name MOTION DESIGNS, INC.		
Principal Place of Business P.O. BOX 985 DESTIN, FL 32540	Mailing Address P.O. BOX 985 DESTIN, FL 32540	



**DO NOT WRITE IN THIS SPACE**

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3498648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

REESE, BEN A  
7742 NAVARRE PARKWAY SUITE 110  
NAVARRE, FL 32566

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000346827  
04/30/05-80091-012 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	REESE, BEN A
STREET ADDRESS	7742 NAVARRE PARKWAY, SUITE 110
CITY-ST-ZIP	NAVARRE, FL 32566

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BEN A. REESE, President

4-24-05 731-925-0476

*Send Certificate as states*