

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90010 045 \*\*\*150.00

**DOCUMENT # P98000002647**

1. Entity Name  
**DIVERSIFIED DESIGN CONSULTING, INC.**



Principal Place of Business  
**11018 HANNAWAY DRIVE  
RIVERVIEW, FL 33569**

Mailing Address  
**1971 W LUMSDEN RD  
PMB 128  
BRANDON, FL 33511 US**

**54006056**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3492625**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, JOYCE K  
11018 HANNAWAY DRIVE  
RIVERVIEW, FL 33569**

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 reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
BISHOP, JOYCE K  
11018 HANNAWAY DRIVE  
RIVERVIEW, FL 33569** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joyce K. Bishop* **Joyce K. Bishop** **2-11-04** **813-677-8479**



## Division of Corporations

## Annual Report

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Business Entity Name

DIVERSIFIED DESIGN CONSULTING, INC.

574006056

FEI Number

593492625

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

11018 HANNAWAY DRIVE

Suite, Apt. #, etc.

City, State

RIVERVIEW

FL

Zip Code &amp; Country

33569

## Mailing Address

Address

1971 W LUMSDEN RD

Suite, Apt. #, etc.

PMB 128

City, State

BRANDON

FL

Zip Code &amp; Country

33511

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BISHOP

JOYCE

K

-or- RA Business Name

Address

11018 HANNAWAY DRIVE

Suite, Apt. #, etc.

City, State

RIVERVIEW

FL

Zip Code &amp; Country

33569

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Joyce K. Bishop



## Division of Corporations

## Annual Report

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Business Entity Name

DIVERSIFIED DESIGN CONSULTING, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ NoOfficer/Director Name And Address

Title   
Name (Last, First, Middle, Title)

-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

#P98000002647

54006056

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature  

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