


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90034 044 ***158.75

| | | | |
|--|---|---|---|
| DOCUMENT # P98000003577 1. Entity Name SUZANNE NICHOLS DESIGN GROUP, INC. | |  | |
| Principal Place of Business 1210 S. INTERNATIONAL PKWY SUITE 166 LAKE MARY, FL 32746 US | | Mailing Address 1210 S. INTERNATIONAL PKWY SUITE 166 LAKE MARY, FL 32746 US | |
| 2. Principal Place of Business - No P.O. Box # 225 Waymont Ct. | | 3. Mailing Address 225 Waymont Ct. | |
| Suite, Apt. #, etc. Suite 111 | | Suite, Apt. #, etc. Suite 111 | |
| City & State Lake Mary, FL | | City & State Lake Mary, FL | |
| Zip 32746 | | Zip 32746 | |
| Country U.S | | Country U.S | |
| 4. FEI Number 59-3509568 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CAMPBELL, JOHN M 1211 SEMORAN BLVD, STE 171 CASSELBERRY, FL 32707 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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: <i>Suzanne Nichols Pres.</i> DATE: 7/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OP NICHOLS, SUZANNE 3070 HEARTLEAF PLACE WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Suzanne Nichols Pres.</i> | | Date: 7/17/07 Daytime Phone #: 407-833-9651 | |