## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000037997

Entity Name: MOTORIST DESIGN OF MERRITT ISLAND, INC.

FILED Aug 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2755 N BANANA RIVER DRIVE SUITE B

1237 GUY ROAD ORLANDO, FL 32828

MERRITT ISLAND, FL 32952 **Current Mailing Address:** 

**New Mailing Address:** 

2755 N BANANA RIVER DRIVE SUITE B MERRITT ISLAND, FL 32952

1237 GUY ROAD ORLANDO, FL 32828

FEI Number: 59-3578109 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOHRR, PHILIP F 1800 W HIBISCUS BLVD SUITE 138 MELBOURNE, FL 32901 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

City-St-Zip:

Title:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete PIEPER-SCHMITZ, RHONDA Name: 2755 N BANANA RIVER DRIVE STE B Address:

City-St-Zip: MERRITT ISLAND, FL 32952

( ) Delete Title: SHAFFER, LEE Name:

2755 N BANANA RIVER DR., STE. B Address: MERRITT ISLAND, FL 32952 City-St-Zip:

Title: (X) Change ( ) Addition

PIEPER-SCHMITZ, RHONDA Name: Address: 1237 GUY ROAD

ORLANDO, FL 32828

(X) Change ( ) Addition Name: SHAFFER, LEE Address: 1237 GUY ROAD ORLANDO, FL 32828 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA PIEPER-SCHMITZ **PRES** 08/01/2007