

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90078 012 ***150.00

DOCUMENT # P99000049347

1. Entity Name
OTW DESIGNS, INC.



Principal Place of Business
499 CYPRESS STREET
ALTAMONTE SPRINGS, FL 32714

Mailing Address
499 CYPRESS STREET
SUITE 288
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business
820 LAKE KATHRYN CR
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
CASSELBERRY

City & State

4. FEI Number
58-2473094

Applied For
Not Applicable

Zip
32707 FL

Country
USA

Zip

Country

03092005 Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

BLOMQUIST, GINGER
499 CYPRESS STREET
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name
GINGER ELLIS

Street Address (P.O. Box Number is Not Acceptable)

820 LAKE KATHRYN CR

City
CASSELBERRY FL Zip Code 32707

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DIMMACK, ROBERT
~~499 CYPRESS STREET~~
~~ALTAMONTE SPRINGS, FL 32714~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
820 LAKE KATHRYN CR
CASSELBERRY, FL 32707

☐ Change ☐ Addition

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☐ 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:

Robert Dimmack

3-9-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #