

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000052933	
1. Entity Name KATZ DESIGNS & CONSTRUCTION, INC.	

Principal Place of Business 7252 DEMEDICI CIRCLE DELRAY BEACH FL 33446	Mailing Address 7252 DEMEDICI CIRCLE DELRAY BEACH FL 33446
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 58-1696386	Applied For Not Applicable

6. Name and Address of Current Registered Agent KATZ, GARY H 7252 DEMEDICI CIRCLE DELRAY BEACH FL 33446
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 state for publication.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KATZ, SHARON 7252 DEMEDICI CIRCLE DELRAY BEACH FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000801891 02/01/08-80037-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KATZ, GARY H 7252 DEMEDICI CIR DELRAY BEACH FL 33446 ☐ 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
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TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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 officer like empowered
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SIGNATURE: <i>Gary H. Katz</i> - Gary H. Katz	January 24 th /2008 (661) 495-1354
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