

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000090583

1. Entity Name  
DENISE BRESSLER DESIGNS, INC.



**FILED  
Feb 23, 2004 8:00 am  
Secretary of State**

02-23-2004 90018 019 \*\*\*150.00

Principal Place of Business  
482 PRINCEWOOD DRIVE  
DELAND, FL 32124

Mailing Address

482 PRINCEWOOD DRIVE  
DELAND, FL 32124



01282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business <b>1035 N WOODLAND BLVD</b>	3. Mailing Address <b>1035 N WOODLAND BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>DELAND FL</b>	City & State <b>DELAND FL</b>
Zip <b>32724</b>	Country <b>32724</b>

6. Name and Address of Current Registered Agent  BRESSLER, DENISE 482 PRINCEWOOD DRIVE DELAND, FL <del>32124</del> 32724	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 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. <input type="checkbox"/> \$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	PSTD BRESSLER, DENISE 482 PRINCEWOOD DRIVE DELAND, FL <del>32124</del> 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Denise Bressler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

3866794032

Date

Daytime Phone #