

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90004 006 \*\*\*150.00

**DOCUMENT # P99000108091**

1. Entity Name  
DESIGN ASSOCIATES CONSOLIDATED, INC.



Principal Place of Business  
13024 RAYMOND DR.  
LOXAHATCHEE, FL 33470

Mailing Address  
13024 RAYMOND DR.  
LOXAHATCHEE, FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022005

Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0971107

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FITZPATRICK, P. GERARD  
13024 RAYMOND DR.  
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FITZPATRICK, P. GERARD  
STREET ADDRESS 13024 RAYMOND DR.  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE D ☐ Delete  
NAME FITZPATRICK, P. GERARD  
STREET ADDRESS 13024 RAYMOND DR.  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/27/05 561 384-3000

ATTACHMENT

14018245

#P99000108091

FITZPATRICK  
13024 RAYMOND DR 2/2  
LOXAHATCHEE FL.  
MAY 29, 2005 / 33470

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FLA. 32314

TO WHOM IT MAY CONCERN:

THIS COMES AS AN EFFORT TO FILE A  
2005 UNIFORM BUSINESS REPORT. IT IS HANDWRITTEN  
BECAUSE I HAVEN'T RECEIVED THE USUAL PAPERWORK.

THE BUSINESS NAME IS DESIGN ASSOCIATES  
CONSOLIDATED, INC., AS P. GERARD FITZPATRICK  
REMAIN AS AGENT/PRINCIPAL. THE PLACE OF  
BUSINESS AND MAILING ADDRESS IS STILL 13024  
RAYMOND DRIVE LOXAHATCHEE FLORIDA 33470. MY  
FEI NUMBER IS 65-0971107

THANK YOU VERY MUCH FOR YOUR COOPERATION  
IN THIS MATTER.

Sincerely,  
P. Gerard Fitzpatrick