


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S14829</b> 1. Entity Name ATHENA DESIGN, INC.	
---	---

Principal Place of Business PO BOX 2505 909 W. 39TH STREET PANAMA CITY, FL 32405	Mailing Address P.O. BOX 2505 PANAMA CITY, FL 32402
---	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HARRIS, DOROTHY M. 909 W 39TH ST PANAMA CITY, FL 32405	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 re-stating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UUUUUU0084853 03/11/04-80024-013 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, THEONNE 909 W 39TH ST PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, GUS 909 W 39TH ST PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, DOROTHY M 909 W 39TH ST PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Dorothy Harris* 3/9/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOROTHY HARRIS