2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S46176

1. Entity Name
COMPLETE DESIGNS II, INC.

Principal Place of Business	Mailing Address
18120 SCOOTER CT SPRING HILL, FL 34610 US	18120 SCOOTER CT SPRING HILL, FL 34610 US

DO NOT WRITE IN THIS SPACE

01062005

4. FEI Number
59-3060425

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75

6. Name and Address of Current Registered Agent

ENGLE, MARVIN
18120 SCOOTER CT
STE 106
SPRING HILL, FL 34610

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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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐ $5.00	01/24/05-80037-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ENGLE, MARVIN
STREET ADDRESS	18120 SCOOTER CT
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	TD
NAME	ENGLE, JENNIFER
STREET ADDRESS	18120 SCOOTER CT
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Jennifer L. Engle_   X 1-16-05   X 727-856-8034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #