


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90108 038 ***150.00

DOCUMENT # S48034 1. Entity Name DESIGN CONCEPTS OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 3682 N WICKHAM RD STE B 312 MELBOURNE, FL 32935	Mailing Address 3682 N WICKHAM RD STE B 312 MELBOURNE, FL 32935
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50002560



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3060157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPILLERS, GREGORY MAHER 3682 N WICKHAM RD STE B # 312 MELBOURNE, FL 32935	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPILLERS, GREGORY MAHER 3632 N WICKHAM RD, STE B # 312 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, DEWAYNE 3682 N WICKHAM RD, STE B # 312 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NICKELSON, DANIEL 3682 N WICKHAM RD, STE B # 312 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAMMOND, PHILLIP L 3682 N WICKHAM RD STE B # 312 MELBOURNE, FL 32935
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 exemptions contained in Chapter 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 other like empowered.

SIGNATURE: Gregory M. Spillers 4-1-08 321-537-5662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #