

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51784

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: DESIGNER SYSTEMS, INC.

## Current Principal Place of Business:

3413 #3 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216 US

## New Principal Place of Business:

## Current Mailing Address:

3413 #3 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216 US

## New Mailing Address:

FEI Number: 59-3068735      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLAZIER, GLAZIER PA  
8825 PERIMETER PARK BLVD.  
STE 504  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: DEMEZA, PAUL K  
Address: 3080 OLD ACOSTA ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP/S ( ) Delete  
Name: BRYAN, LYNDIA A  
Address: 13050 BIRCH BARK COURT N  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete  
Name: UMBREIT, ROBERT A  
Address: 12846 GREENMEADOW PLACE  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDIA BRYAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP/S

02/02/2006

\_\_\_\_\_  
Date