# I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: RONALD W MORRIS

Electronic Signature of Signing Officer/Director Detail

## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P14000090920

#### Entity Name: RESIDENTIAL DESIGN SOLUTIONS, INC.

#### **Current Principal Place of Business:**

618 PONY CT. WINTER SPRINGS, FL 32708

#### **Current Mailing Address:**

618 PONY CT. WINTER SPRINGS, FL 32708 US

#### FEI Number: 27-3787509

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

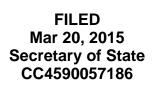
MORRIS, RONALD 618 PONY CT. WINTER SPRINGS, FL 32708 US

**Officer/Director Detail :** 

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:

Title	PVST	Title	D
Name	MORRIS, RONALD	Name	MORRIS, RONALD
Address	618 PONY CT.	Address	618 PONY CT.
City-State-Zip:	WINTER SPRINGS FL 32708	City-State-Zip:	WINTER SPRINGS FL 32708



Date

Certificate of Status Desired: No

03/20/2015

Date