

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070361

Entity Name: BARBARA ONDO DESIGNS, INC.

Current Principal Place of Business:

5415 SAN JOSE BLVD
SUITE A
JACKSONVILLE, FL 32207-7612

Current Mailing Address:

5415 SAN JOSE BLVD
SUITE A
JACKSONVILLE, FL 32207-7612

FEI Number: 59-3465923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRISON, BARBARA ONDO
4176 PRIMA VISTA CIR. NORTH
JACKSONVILLE, FL 32217 US

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

Officer/Director Detail :

Title P
Name MORRISON, BARBARA ONDO
Address 5415 SAN JOSE BLVD., SUITE A
City-State-Zip: JACKSONVILLE FL 32207-7612

Title VPST
Name MORRISON, R S
Address 5415 SAN JOSE BLVD., SUITE A
City-State-Zip: JACKSONVILLE FL 32207-7612

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.

SIGNATURE: R. S. MORRISON

VP

03/01/2015

Electronic Signature of Signing Officer/Director Detail

Date