

**2014 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

02/22/2014

Electronic Signature of Signing Officer/Director Detail

Date