

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000000934

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC4361167480**

**Entity Name:** 502 DESIGN SERVICES, INC.

**Current Principal Place of Business:**

502 CEDAR WOODS DRIVE  
OLDSMAR, FL 34677

**Current Mailing Address:**

502 CEDAR WOODS DRIVE  
OLDSMAR, FL 34677

**FEI Number:** 59-3689660

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BENNETT, JOSEPH M  
502 CEDAR WOODS DRIVE  
OLDSMAR, FL 34677 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 PD  
Name BENNETT, NANCY  
Address 502 CEDAR WOODS DRIVE  
City-State-Zip: OLDSMAR FL 34677

Title VD  
Name BENNETT, JOSEPH M  
Address 502 CEDAR WOODS DRIVE  
City-State-Zip: OLDSMAR FL 34677

*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:** JOSEPH M. BENNETT

VD

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date