## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 603450** 

FILED Jan 28, 2004 Secretary of State

Entity Name: HARVARD JOLLY CLEES TOPPE ARCHITECTS, P.A.

**Current Principal Place of Business: New Principal Place of Business:** 

2714 9TH ST. N 2714 DR. MARTIN LUTHER KING JR. ST. N. ST. PETERSBURG, FL 33704

ST. PETERSBURG, FL 33704

**Current Mailing Address: New Mailing Address:** 

2714 9TH ST. N 2714 DR. MARTIN LUTHER KING JR. ST. N.

ST. PETERSBURG, FL 33704 ST. PETERSBURG, FL 33704

FEI Number: 59-1430579 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HARVARD, WILLIAM E JR 2714 NINTH STREET NORTH

HARVARD, WILLIAM E JR 2714 DR, MARTIN LUTHER KING JR. ST NORTH

ST. PETERSBURG, FL 33704 ST. PETERSBURG, FL 33704

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: 01/28/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

2714 9TH ST NO

ST. PETERSBURG, FL

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete Title: (X) Change ( ) Addition HARVARD, WILLIAM B.,, JR.

Name: Name: HARVARD, WILLIAM B.,, JR. 2714 9TH ST., NO. 2714 DR. MARTIN LUTHER KING JR., ST. N Address: Address:

City-St-Zip: ST. PETERSBURG, FL City-St-Zip: ST. PETERSBURG, FL

VD Title: VD (X) Change ( ) Addition Title: () Delete

Name: CLEES, R. JOHN, Name: CLEES, R. JOHN.

2714 9TH ST., NO 2714 DR. MARTIN LUTHER KING JR., ST. N Address: Address:

ST. PETERSBURG, FL ST. PETERSBURG, FL 33704 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition VD VD TOPPE, JONATHAN R., SHAWHAN, JAMES, Name: Name:

2714 9TH ST NO 2714 DR. MARTIN LUTHER KING JR., ST. N Address: Address:

City-St-Zip: ST. PETERSBURG, FL City-St-Zip: ST. PETERSBURG, FL 33704

Title: VD (X) Delete Title: () Change () Addition SHAWHAN, JAMES,

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 Section 119.07(3)(i), 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: WILLIAM B. HARVARD, JR. **PRES** 01/28/2004