

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603537

FILED
Mar 08, 2005
Secretary of State

Entity Name: FLEISCHMAN AND GARCIA ARCHITECTS AND PLANNERS, A.I.A., P.A.

Current Principal Place of Business:

324 SOUTH HYDE PARK AVENUE
SUITE 300
TAMPA, FL 33606

New Principal Place of Business:

324 SOUTH HYDE PARK AVENUE
SUITE 300
TAMPA, FL 33606 US

Current Mailing Address:

324 SOUTH HYDE PARK AVENUE
300
TAMPA, FL 33606 US

New Mailing Address:

324 SOUTH HYDE PARK AVENUE
SUITE 300
TAMPA, FL 33606 US

FEI Number: 59-1400667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEISCHMAN, SOLOMON J AIA
324 SOUTH HYDE PARK AVENUE
SUITE 300
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLEISCHMAN, SOLOMON J A.I.A.
Address: 2919 VILLA ROSA
City-St-Zip: TAMPA, FL 33611

Title: EXVP () Delete
Name: KELLY, JOHN C A.I.A.
Address: 324 SOUTH HYDE PARK AVENUE, #300
City-St-Zip: TAMPA, FL 33606

Title: VP () Delete
Name: SMITH, KEVIN A.I.A.
Address: 324 SOUTH HYDE PARK AVENUE, #300
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: SOL J. FLEISCHMAN, JR., A.I.A.

MR.

03/08/2005

Electronic Signature of Signing Officer or Director

_____ Date