


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003911							
1. Entity Name FOLEY DESIGN ASSOCIATES ARCHITECTS, INC.							
Principal Place of Business 1513 CLEVELAND AVENUE, #100-102 EAST POINT GA 30344		Mailing Address 1513 CLEVELAND AVENUE, #100-102 EAST POINT GA 30344					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc		Suite, Apt #, etc					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 58-1937331			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FOLEY, WILLIAM H		NAME	U00000038533			
STREET ADDRESS	1513 CLEVELAND AVENUE, #100-102		STREET ADDRESS	02/06/04-80143-010 150.00			
CITY-ST-ZIP	EAST POINT GA 30344		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	THOMPSON, RONALD C		NAME				
STREET ADDRESS	1513 CLEVELAND AVENUE, #100-102		STREET ADDRESS				
CITY-ST-ZIP	EAST POINT GA 30344		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COLLINS, ALLEN		NAME				
STREET ADDRESS	1513 CLEVELAND AVENUE, #100-102		STREET ADDRESS				
CITY-ST-ZIP	EAST POINT GA 30344		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FOLEY, SHARON C		NAME				
STREET ADDRESS	1513 CLEVELAND AVENUE, #100-102		STREET ADDRESS				
CITY-ST-ZIP	EAST POINT GA 30344		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				



MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Foley **WILLIAM H. FOLEY** 1-23-04 404-761-1299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #