


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90060 032 ***150.00

DOCUMENT # F02000004432	
1. Entity Name BARGANIER DAVIS SIMS ARCHITECTS ASSOCIATED, P.A.	


Principal Place of Business 624 SOUTH MCDONOUGH STREET MONTGOMERY AL 36104	Mailing Address 624 SOUTH MCDONOUGH STREET MONTGOMERY AL 36104
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2. Principal Place of Business 624 So. McDonough Suite, Apt. #, etc. Montgomery, AL City & State	3. Mailing Address 624 South McDonough Suite, Apt. #, etc. Montgomery, AL City & State
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Zip 36104	Country Montgomery	Zip 36104	Country Montgomery
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6. Name and Address of Current Registered Agent EDWARDS, STANLEY B 8622 HIGHWAY 98 ST. JOE BEACH FL 32410	
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94033000



MOORE CR2E034 (11/03)

4. FEI Number 63-0829055	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent Name Stanley B. Edwards Street Address (P.O. Box Number is Not Acceptable) 8622 Highway 98 St. Joe Beach, City FL Zip Code 32410	

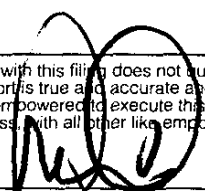
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMS, LEE H 624 SOUTH MCDONOUGH STREET MONTGOMERY AL 36104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARGANIER, JAMES I 624 SOUTH MCDONOUGH STREET MONTGOMERY AL 36104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, DART W 624 SOUTH MCDONOUGH STREET MONTGOMERY AL 36104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Mar 19, 04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #