


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0829055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, STANLEY B
 8622 HIGHWAY 98
 ST. JOE BEACH, FL 32410**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

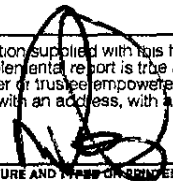
U00000262845
 03/14/05-80071-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMS, LEE H 624 SOUTH MCDONOUGH STREET MONTGOMERY, AL 36104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARGANIER, JAMES I 624 SOUTH MCDONOUGH STREET MONTGOMERY, AL 36104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DAVIS, DART W 624 SOUTH MCDONOUGH STREET MONTGOMERY, AL 36104
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **3/10/05**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #