

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000000490**

1. Entity Name  
ACHESON DOYLE PARTNERS ARCHITECTS, P.C.



Principal Place of Business  
44 WEST 18TH STREET, 8TH FLOOR  
NEW YORK, NY 10011

Mailing Address  
44 WEST 18TH STREET, 8TH FLOOR  
NEW YORK, NY 10011



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3542228	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

STURGES, MR. JOHN  
837 BAYPORT WAY  
LONG BOAT KEY, FL 34228

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1101001349598  
02/01/06-80016-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	ACHESON, DAVID C JR
STREET ADDRESS	118 RIVERSIDE DRIVE, APT. 1B
CITY-ST-ZIP	NEW YORK, NY 10024

TITLE	VS
NAME	DOYLE, MICHAEL F
STREET ADDRESS	6 VARICK STREET, APT. 10B
CITY-ST-ZIP	NEW YORK, NY 10012

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR