

FILED
Mar 17, 2004 8:00 am
Secretary of State

02-20-2004 90005 018 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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00406437



DOCUMENT # H48586					
1. Entity Name SKA ARCHITECT & PLANNER, INC.					
Principal Place of Business 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414			Mailing Address 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2524146	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE MENDOZA, MARIO G PA 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name: <u>Mario G. de Mendoza, III, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>12765 Forest Hill Boulevard, Suite 1302</u> City: <u>Wellington,</u> FL Zip Code: <u>33414</u>		
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:		<u>Mario G. de Mendoza, III</u>		DATE: <u>1/30/04</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PTSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEGRAVES, PATRICK W.	NAME			
STREET ADDRESS	12765 FOREST HILL BLVD., STE 1302	STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON, FL 33414	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			
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			
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:		<u>Patrick W. Segraves, President</u>		DATE: <u>3-11-04</u> (561) 784-2930	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	