


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-05-2007 90089 020 ***150.00

DOCUMENT # K08494																																																																																																														
1. Entity Name HUMPHREY ROSAL ARCHITECTS, A.I.A, P.A.																																																																																																														
Principal Place of Business 3200 9TH STREET NORTH SUITE 300 NAPLES FL 34103		Mailing Address 3200 9TH STREET NORTH SUITE 300 NAPLES FL 34108-3																																																																																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																												
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																												
City & State		City & State																																																																																																												
Zip	Country	Zip	Country																																																																																																											
6. Name and Address of Current Registered Agent HUMPHREY, DAVID M 97 RIDGE DRIVE NAPLES FL 34108		7. Name and Address of New Registered Agent 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 <u>DAVID M. HUMPHREY, PRES.</u> 1-19-07 <small>Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent's signature required when re-registering) DATE</small>																																																																																																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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																																																																																																												
<table border="1"> <tr> <td>TYPE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUMPHREY, DAVID M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>97 RIDGE DRIVE</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>NAPLES FL 34108</td> <td></td> </tr> <tr> <td>TYPE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSAL, RANDOLPH G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2208 KING ARTHUR CT</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>NAPLES FL 34112</td> <td></td> </tr> <tr> <td>TYPE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> <tr> <td>TYPE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> <tr> <td>TYPE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>	TYPE	P	<input type="checkbox"/> Delete	NAME	HUMPHREY, DAVID M		STREET ADDRESS	97 RIDGE DRIVE		CITY ST ZIP	NAPLES FL 34108		TYPE	VP	<input type="checkbox"/> Delete	NAME	ROSAL, RANDOLPH G		STREET ADDRESS	2208 KING ARTHUR CT		CITY ST ZIP	NAPLES FL 34112		TYPE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY ST ZIP			TYPE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY ST ZIP			TYPE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY ST ZIP			<table border="1"> <tr> <td>TYPE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> <tr> <td>TYPE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> <tr> <td>TYPE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> <tr> <td>TYPE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>		TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY ST ZIP			TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY ST ZIP			TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY ST ZIP			TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY ST ZIP		
TYPE	P	<input type="checkbox"/> Delete																																																																																																												
NAME	HUMPHREY, DAVID M																																																																																																													
STREET ADDRESS	97 RIDGE DRIVE																																																																																																													
CITY ST ZIP	NAPLES FL 34108																																																																																																													
TYPE	VP	<input type="checkbox"/> Delete																																																																																																												
NAME	ROSAL, RANDOLPH G																																																																																																													
STREET ADDRESS	2208 KING ARTHUR CT																																																																																																													
CITY ST ZIP	NAPLES FL 34112																																																																																																													
TYPE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY ST ZIP																																																																																																														
TYPE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY ST ZIP																																																																																																														
TYPE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY ST ZIP																																																																																																														
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY ST ZIP																																																																																																														
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY ST ZIP																																																																																																														
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY ST ZIP																																																																																																														
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY ST ZIP																																																																																																														
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another I'm empowered.																																																																																																														
SIGNATURE: <u>[Signature]</u>		Date: <u>3-1-07</u> <u>239-263-4201</u>																																																																																																												
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>																																																																																																												