## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # K09881 02-02-2004 90015 037 \*\*\*150.00 **COLLMAN & KARSKY ARCHITECTS, INC.** Principal Place of Business Mailing Address 303 MAIN ST 303 MAIN ST 44000447 DUNEDIN, FL 34698 US DUNEDIN, FL 34698 2. Principal Place of Business 3. Mailing Address 4301 Anchor Plaza Parkush 4301 Anchor PlazaParkubu ) 01202004 Suite, Apt. #, etc. CR2E034 (10/03) Chq-P 100 100 Applied For City & State City & State 4. FEI Number Florido Florida 59-2863830 Tampa Tampo Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent COLLMAN, RODNEY L Street Address (P.Q. Box Number is Not Acceptable) 4301 Anchor Plaza 303 MAIN ST DUNEDIN, FL 34698 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 age SIGNATURE. Signature, typed or printed name of registered agent and late if a (NOTE: Peassered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ☐ Delete Change ΠΠF TETLE Collman, Rodney Line Parkway, Svite 100 COLLMAN, RODNEY L NAME STREET ADDRESS 303 MAIN ST STREET ADDRESS Tampa, Florida 33634 OTY-ST-ZIP **DUNEDIN. FL** CITY-ST-ZIP VS Delete **US** Change ☐ Addition MILE TITLE KARSKY, BRIAN L NAME NAME Fincher Plaza Parkway Svite 100 STREET ADDRESS 303 MAIN ST STREET ADDRESS CATY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP Addition m e TILE ☐ Delete Massoro, Daniel U. NAME NAME 4301 Anchor Plaza Parkway Svite 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ■ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receive of 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 SIGNATURE:

**FILED** 

Feb 02, 2004 8:00 am