## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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## Aug 09, 2004 8:00 am Secretary of State DOCUMENT # M96095 08-09-2004 90011 024 \*\*\*550.00 1. Entity Name HUNTON BRADY ARCHITECTS, P.A. **ゴゴリロオリド** Principal Place of Business Mailing Address 135 W CENTRAL BLVD SUITE #400 ORLANDO FL 32801-9405 135 W CENTRAL BLVD SUITE #400 ORLANDO FL 32801-9405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) 4. FEI Number Applied For City & State City & State 59-2910866\_ - Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRYOR, FRED H JR. Street Address (P.O. Box Number is Not Acceptable) 135 WEST CENTRAL BLVD., SUITE 400 ORLANDO FL 32801 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE Addition PRYOR, FRED H JR. NAME NAME STREET ADDRESS 135 WEST CENTRAL BLVD. STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MASO, MAURIZIO J NAME NAME 135 WEST CENTRAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME **√AME** TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ITLE ☐ Delete NAME IAME STREET ADDRESS TREET ADDRESS 'TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE Change Change ☐ Addition \ME NAME REET ADDRESS STREET ADDRESS CITY-ST-ZIP !Y-ST-ZIP LE Delete TITLE ☐ Change Addition ME NAME STREET ADDRESS REFT ADDRESS CITY-ST-ZIP Y-ST-ZIP illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director d to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if . I hereby certify that the information suppl indicated on this report or supplemental of the corporation or the receiver or truste eport is true e empow

**FILED** 

Date

Daytime Phone #