## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 09, 2005 8:00 am DOCUMENT # M96095 Secretary of State 1. Entity Name 08-09-2005 90001 050 \*\*\*550.00 HUNTON BRADY ARCHITECTS, P.A. 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 800 N. Magnolia 800 N. Magnolia (Lue · Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) 4. FEI Number Applied For 59-2910866 Orlando Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 32803 usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRYOR, FRED H JR. 135 WEST CENTRAL BLVD., SUITE 400 ORLANDO FL 32801 8. The above named entity su mits 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 registere agent. SIGNATURE Signature, typed (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE \$ \$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 DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE Addition PRYOR, FRED H JR. NAME STREET ADDRESS 135 WEST CENTRAL BLVD. STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP Orlando, Fl VPS TITLE ☐ Delete TITLE ☐ Addition Maso, Maurizio J. MASO, MAURIZIO J NAME NAME 800 N. Magrolia are, ste 600 STREET ADDRESS 135 WEST CENTRAL BLVD. STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P I hereby certify that the infor indicated on this report or s ation 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 pplemental 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 giver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears is Block 10 or Block 11 if changed, or on an attachm address, with all other like empowered SIGNATURE: \_

ME OF SIGNING OFFICER OR DIRECTOR

FILED

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