

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90023 011 \*\*\*150.00

**DOCUMENT # P02000063635**

1. Entity Name

ARC3 ARCHITECTURE, INC.



Principal Place of Business

6677 13TH AVE. N. STE 3A  
ST. PETERSBURG FL 33710

Mailing Address

6677 13TH AVE. N. STE 3A  
ST. PETERSBURG FL 33710

2. Principal Place of Business

6671 13TH AVE. NORTH

Suite, Apt. #, etc.

SUITE 1C

City & State

ST. PETERSBURG, FL

Zip  
33710

Country

PINELLAS

3. Mailing Address

6671 13TH AVE. NORTH

Suite, Apt. #, etc.

SUITE 1C

City & State

ST. PETERSBURG, FL

Zip  
33710

Country

PINELLAS

1st MOORE

CR2E034 (10/04)

4. FEI Number

02-0617815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VINCI, AIA, STEVEN J  
14831 SEMINOLE TRAIL  
SEMINOLE FL 33776

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME VINCI, AIA, STEVEN J.  
STREET ADDRESS 14831 SEMINOLE TRAIL  
CITY-ST-ZIP SEMINOLE FL 33776

TITLE DV ☐ Delete  
NAME MASTALERZ, EDDIE  
STREET ADDRESS 6677 13TH AVE. N. STE 3-A  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Steven J. Vinci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05

Date

727-381-5220

Daytime Phone #