

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P13588

1. Entity Name
SRJ ARCHITECTS INC.



Principal Place of Business
**1108 MARYLAND DRIVE
ALBANY, GA 31707**

Mailing Address
**1108 MARYLAND DRIVE
ALBANY, GA 31707**



06152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1662487

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIEZ, FERMIN J. JR.
2412 CARMEN STREET
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAUNDERS, MACKEY RILEY
STREET ADDRESS 1108 MARYLAND DRIVE
CITY-ST-ZIP ALBANY, GA

TITLE S
NAME SAUNDERS, DIANE D.
STREET ADDRESS 1108 MARYLAND DRIVE
CITY-ST-ZIP ALBANY, GA

TITLE VD
NAME JOHNSON, MICHAEL A
STREET ADDRESS 1108 MARYLAND DR
CITY-ST-ZIP ALBANY, GA 31707

TITLE V
NAME GUERRA, DAVID L
STREET ADDRESS 1108 MARYLAND DRIVE
CITY-ST-ZIP ALBANY, GA

TITLE V
NAME SPALINGER, SONYA D
STREET ADDRESS 1108 MARYLAND DRIVE
CITY-ST-ZIP ALBANY, GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000567484
06/22/06-80001-001 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/15/06 229 436 9877