

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000068132

Entity Name: FLORIDA ARCHITECTS, INC.

FILED
Jan 21, 2005
Secretary of State

Current Principal Place of Business:

8427 SOUTH PARK CIRCLE
SUITE 150
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

8427 SOUTH PARK CIRCLE
SUITE 150
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3331804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SORCI, JOSEPH J
3380 CYPRESS POINT CIRCLE
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

SORCI, JOSEPH J
8427 SOUTH PARK CIRCLE
150
ORLANDO, FL 32819 US

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.

SIGNATURE: _____

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MP () Delete
Name: SORCI, JOSEPH J
Address: 3380 CYPRESS POINT CIRCLE
City-St-Zip: SAINT CLOUD, FL 34772

Title: DVP () Delete
Name: GEMSCH, MARKUS J
Address: 1281 SEYBOLD TERRACE
City-St-Zip: DELTONA, FL 32727

Title: TS () Delete
Name: JOHNSEN, VALLI C
Address: 3380 CYPRESS PT CIRCLE
City-St-Zip: SAINT CLOUD, FL 34772

Title: DV () Delete
Name: ANDERSON, MARK W
Address: 721 E. AMELIA ST
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MP (X) Change () Addition
Name: SORCI, JOSEPH J
Address: 8427 SOUTH PARK CIRCLE, STE. 150
City-St-Zip: ORLANDO, FL 32819

Title: DVP (X) Change () Addition
Name: GEMSCH, MARKUS J
Address: 8427 SOUTH PARK CIRCLE, STE. 150
City-St-Zip: ORLANDO, FL 32819

Title: TS (X) Change () Addition
Name: SORCI, VALLI C
Address: 8427 SOUTH PARK CIRCLE, STE. 150
City-St-Zip: ORLANDO, FL 32819

Title: DVP (X) Change () Addition
Name: ANDERSON, MARK W
Address: 8427 SOUTH PARK CIRCLE, STE. 150
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALLI SORCI

TS

01/21/2005

Electronic Signature of Signing Officer or Director

Date