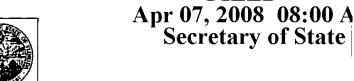
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111157 1. Entity Name PATRICK W. SEGRAVES ARCHITECT P.A. Principal Place of Business Mailing Address







FILED

DO NOT WRITE IN THIS SPACE

12765 FOREST HILL BLVD

WELLINGTON, FL 33414

SUITE 1302

03032008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S5-0969015 Not Applied For Not Applied For Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414

12765 FOREST HILL BLVD

WELLINGTON, FL 33414

SUITE 1302

DO NOT WRITE IN THIS SPACE

-03-08

| 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 | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Trust Fund Contribu | ~ — | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SEGRAVES, PATRICK W 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000884522 04/17/08-80047-010 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | į | | |
| 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 than empowered. | | | | | |