

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065729

Entity Name: INTEGRATED PROJECT DELIVERY, INC.**Current Principal Place of Business:**1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**Current Mailing Address:**1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**FEI Number:** 59-3660820**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWN, BOB
1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 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:** BOB BROWN

03/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HELMAN, ALAN C
Address 1411 S ORANGE BLOSSOM TRAIL
City-State-Zip: WINTER PARK FL 32805

Title D
Name ROBERTS, JAMES D
Address 1411 S ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title ST
Name CRAIN, SHANE L
Address 1411 S ORANGE BLOSSOM TRAIL
City-State-Zip: LONGWOOD FL 32805

Title D
Name ANDREW, TODD M
Address 1411 S ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title P
Name ELSEA, JOHN W
Address 1411 S ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title VP
Name TERRITO, JOSEPH L
Address 1411 S ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title CFO
Name BROWN, BOB
Address 1411 S. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

I hereby 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 all other like empowered.

SIGNATURE: BOB BROWN

CFO

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date