

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000068132

**FILED**  
**Feb 06, 2014**  
**Secretary of State**  
**CC4370831398**

**Entity Name:** FLORIDA ARCHITECTS, INC.

**Current Principal Place of Business:**

924 DELANEY AVENUE  
ORLANDO, FL 32806

**Current Mailing Address:**

924 DELANEY AVENUE  
ORLANDO, FL 32806 US

**FEI Number:** 59-3331804

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GEMSCH, MARKUS J AIA  
924 DELANEY AVENUE  
ORLANDO, FL 32806 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:** MARKUS J GEMSCH, AIA

02/06/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name GEMSCH, MARKUS J AIA  
Address 924 DELANEY AVENUE  
City-State-Zip: ORLANDO FL 32806

Title CEO  
Name SORCI, VALLI C  
Address 648 FLORIDA AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title P  
Name ANDERSON, MARK W AIA  
Address 924 DELANEY AVENUE  
City-State-Zip: ORLANDO FL 32806

Title T  
Name ANDERSON, APRIL C  
Address 924 DELANEY AVENUE  
City-State-Zip: ORLANDO FL 32806

Title S  
Name ALLEN, KEISHA G  
Address 924 DELANEY AVENUE  
City-State-Zip: ORLANDO FL 32806

Title DIR  
Name SORCI, JOSEPH J AIA  
Address 648 FLORIDA AVENUE  
City-State-Zip: PANAMA CITY FL 32401

*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:** VALLI SORCI

CEO

02/06/2014

Electronic Signature of Signing Officer/Director Detail

Date