

# ANNUAL REPORT (AR)

DOCUMENT # 367690

1. Entity Name

WEDDING + STEPHENSON ARCHITECTS, INC.



Principal Place of Business

300 1ST AVENUE SOUTH #402  
ST. PETERSBURG FL 33701

Mailing Address

300 1ST AVENUE SOUTH #402  
ST. PETERSBURG FL 33701

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WEDDING, C. RANDOLPH  
300 1ST AVENUE SOUTH, #402  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WEDDING, C. RANDOLPH 300 FIRST AVENUE S #402 ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WEDDING, JUNE A 300 1ST AVE SO ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	U00000694122 04/17/07-80006-003 158.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*CRUPODILC*

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

3/13/07

727-821-6610

Date

Daytime Phone #

Received 12 2007

Route

Copy To:

Apr 06, 2007 08:00 AM

File:

Secretary of State



1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1869040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required