

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 439304

Entity Name: JSA ARCHITECTS, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

425 NORTH LEE STREET
JACKSONVILLE, FL 322041137

Current Mailing Address:

425 NORTH LEE STREET
JACKSONVILLE, FL 322041137

New Principal Place of Business:

425 NORTH LEE STREET
SUITE 201
JACKSONVILLE, FL 322041137

New Mailing Address:

425 NORTH LEE STREET
SUITE 201
JACKSONVILLE, FL 322041137

FEI Number: 59-1500733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZURAWSKI, ROSE
425 NORTH LEE ST.
JACKSONVILLE, FL 322041137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZURAWSKI, ROSE,
Address: 425 NORTH LEE STREET, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP () Delete
Name: MCATTE, MARK
Address: 425 N LEE ST STE 201
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: DICKER, BINGE
Address: 55 GREEN ST
City-St-Zip: PORTSMOUTH, NH 03801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MEATTE, MARK
Address: 425 N LEE ST STE 201
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: DICKER, BRUCE
Address: 55 GREEN ST
City-St-Zip: PORTSMOUTH, NH 03801

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: BRUCE DICKER

D

04/15/2004

Electronic Signature of Signing Officer or Director

Date