


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90039 049 ***158.75

DOCUMENT # 452732	
1. Entity Name KENDRICK . DAVID . DOWLING ARCHITECTS, INC.	

Principal Place of Business 111 FERRY ROAD S E STE A FT WALTON BEACH, FL 32548-5535 US	Mailing Address 111 FERRY ROAD S E STE A FT WALTON BEACH, FL 32548-5535 US
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24018452

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1536652	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOWLING, JAMES R 111 FERRY RD SE. FT WALTON BEACH, FL 32548		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPY, MARGARET S	NAME	
STREET ADDRESS	225 MORIARITY AVE NW	STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	SVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, DON W JR	NAME	
STREET ADDRESS	721 INDIAN TRAIL	STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541,	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	TPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLING, JAMES R.	NAME	
STREET ADDRESS	228 SANTA ROSA ST. SW	STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is of the corporation or the receiver or trustee empowered to execute this report as required by, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DON W. DAVID, JR.** **March 4, 2004** **850-243-9158**