

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90028 037 ***158.75

DOCUMENT # 452788

1. Entity Name

LONG & ASSOCIATES ARCHITECTS/ENGINEERS, INC.



Principal Place of Business

4525 S MANHATTAN AVE
TAMPA, FL 33611

Mailing Address

4525 S MANHATTAN AVE
TAMPA, FL 33611

400100



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1535380

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LONG, H.M., JR.
8303 DOUBLE BRANCH RD
TAMPA, FL 33635

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LONG, H.M., JR.
STREET ADDRESS	8303 DOUBLE BRANCH RD
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	V
NAME	LONG, ALEXANDER M
STREET ADDRESS	12219 STATE STREET
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	S
NAME	WASKO, CURTIS R
STREET ADDRESS	8717 IMPERIAL COURT
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	T
NAME	WASKO, CURTIS R
STREET ADDRESS	8717 IMPERIAL CT
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	S
NAME	WIECZOREK, PAUL E
STREET ADDRESS	9402 ALVERNON DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/08