

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90201 016 ***150.00

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1. Entity Name

GEORGE PALERMO, ARCHITECT, INC.



Principal Place of Business

100 NORTH WASHINGTON BLVD
SUITE 301
SARASOTA, FL 34236

Mailing Address

100 NORTH WASHINGTON BLVD
SUITE 301
SARASOTA, FL 34236



01132004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-1857865

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

PALERMO, GEORGE
100 NORTH WASHINGTON BLVD
SUITE 301
SARASOTA, FL 34236

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PALERMO, GEORGE
STREET ADDRESS 100 NORTH WASHINGTON BLVD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE V
NAME ~~SCOTT~~, TERESA SCOTT
STREET ADDRESS 3233 MARION STREET
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE ST
NAME SCOTT, TERESA
STREET ADDRESS 3233 MARION STREET
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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 #

4/29/2004