## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # 593280** 05-03-2005 90073 023 \*\*\*150.00 1. Entity Name GEORGE PALERMO, ARCHITECT, INC. Principal Place of Business 1 Mailing Address 100 NORTH WASHINGTON BLVD 100 NORTH WASHINGTON BLVD SUITE 301 SUITE 301 SARASOTA, FL 34236 SARASOTA, FL 34236 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1857865 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PALERMO, GEORGE 100 NORTH WASHINGTON BLVD SUITE 301 SARASOTA, FL 34236 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PALERMO, GEORGE NAME 100 NORTH WASHINGTON BLVD Ste, 301 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME SCOTT, TERESA STREET ADDRESS 3233 MARION STREET CITY-ST-ZIP ENGLEWOOD, FL 34224 TITLE SCOTT, TERESA NAME STREET ADDRESS 3233 MARION STREET CITY ST-ZIP ENGLEWOOD, FL 34224 TITLE IN THIS SPACE. NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 emported 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 that it is an an officer or director.

SIGNATURE: Y

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED