

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2007 08:00 AM
Secretary of State**

DOCUMENT # 604158

**1. Entity Name
SAM MARSHALL ARCHITECTS, P.A.**



**Principal Place of Business
325 S. PALAFOX
PENSACOLA, FL 32502**

**Mailing Address
325 S. PALAFOX
PENSACOLA, FL 32502**



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1438760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALSOP, DAVID
325 S. PALAFOX
PENSACOLA, FL 32502**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALSOP, DAVID N
STREET ADDRESS	325 S PALAFOX ST.
CITY-ST-ZIP	PENSACOLA, FL 32502

TITLE	VSTD
NAME	MARSHALL, MICHAEL J
STREET ADDRESS	325 S PALAFOX ST
CITY-ST-ZIP	PENSACOLA, FL 32502

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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**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

2.5.07

Date

850 433 7842

Daytime Phone #