


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 606698
1. Entity Name
BHIDE AND HALL ARCHITECTS, P.A.



Principal Place of Business 1329 KINGSLEY AVE, STE C ORANGE PARK, FL 32073	Mailing Address 1329 KINGSLEY AVE, STE C ORANGE PARK, FL 32073
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01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1893726	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

BHIDE, VASANT P
1329 KINGSLEY AVE, STE C
ORANGE PARK, FL 32073

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: Vasant P. Bhide
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

U00000064600
02/25/04-80002-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BHIDE, VASANT P 1329 KINGLESY AVE STE C ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL JR, E WENDELL 1329 KINGSLEY AVE, STE C ORANGE PARK, FL
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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: Vasant P. Bhide
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____