


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1893726

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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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)

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**

100000762298
 01/15/08-80069-014 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P MCVEIGH, ROBERT 1329-C KINGSLEY AVE ORANGE PARK, FL 32073
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  E. Wendell Hall 1-10-08 904-264-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #