

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F02000004432 | |
| 1. Entity Name BARGANIER DAVIS SIMS ARCHITECTS ASSOCIATED, P.A. | |
| Principal Place of Business 624 SOUTH MCDONOUGH STREET MONTGOMERY, AL 36104 | Mailing Address 624 SOUTH MCDONOUGH STREET MONTGOMERY, AL 36104 |



DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 63-0829055 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**EDWARDS, STANLEY B
8622 HIGHWAY 98
ST. JOE BEACH, FL 32410**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**U000000262845
03/14/05-80071-012 150.00**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SIMS, LEE H 624 SOUTH MCDONOUGH STREET MONTGOMERY, AL 36104 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BARGANIER, JAMES I 624 SOUTH MCDONOUGH STREET MONTGOMERY, AL 36104 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST DAVIS, DART W 624 SOUTH MCDONOUGH STREET MONTGOMERY, AL 36104 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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

3/10/05

Daytime Phone #