

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000644

FILED  
Mar 29, 2005  
Secretary of State

**Entity Name:** FOWLER DESIGN ASSOCIATES, LTD., INC.

**Current Principal Place of Business:**

2030 POWERS FERRY ROAD, STE. 120  
ATLANTA, GA 30339

**New Principal Place of Business:**

**Current Mailing Address:**

2030 POWERS FERRY ROAD, STE. 120  
ATLANTA, GA 30339

**New Mailing Address:**

**FEI Number:** 58-1370691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT ( ) Delete  
**Name:** FOWLER, ROBERT W  
**Address:** 2030 POWERS FERRY ROAD, STE. 120  
**City-St-Zip:** ATLANTA, GA 30339

**Title:** DS ( ) Delete  
**Name:** FOWLER, BERYL H  
**Address:** 2030 POWERS FERRY ROAD, STE. 120  
**City-St-Zip:** ATLANTA, GA 30339

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ROBERT W. FOWLER

DPT

03/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date