

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000490

1. Entity Name

ACHESON DOYLE PARTNERS ARCHITECTS, P.C.



Principal Place of Business

44 WEST 18TH STREET, 8TH FLOOR
NEW YORK, NY 10011

Mailing Address

44 WEST 18TH STREET, 8TH FLOOR
NEW YORK, NY 10011



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3542228

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STURGES, MR. JOHN
837 BAYPORT WAY
LONG BOAT KEY, FL 34228

**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 restate.)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME ACHESON, DAVID C JR
STREET ADDRESS 118 RIVERSIDE DRIVE, APT. 1B
CITY-ST-ZIP NEW YORK, NY 10024

TITLE VS
NAME DOYLE, MICHAEL F
STREET ADDRESS 6 VARICK STREET, APT. 10B
CITY-ST-ZIP NEW YORK, NY 10012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000221815
02/09/05-80049-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05 212 444500
Date Daytime Phone #