2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004986

LISHEN, MARK E

538 BEACH DRIVE

GULFPORT, MS 39502

Name:

Address:

City-St-Zip:

Entity Name: GUILD HARDY ARCHITECTS, PA

FILED Jun 27, 2005 Secretary of State

Littly Name: Gold HARDT ARCHITECTS, FA				
Current Principal Place of Business:			New Principal Place	of Business:
538 BEAC GULFPOR	H DRIVE RT, MS 39502			
Current Mailing Address:			New Mailing Address:	
P.O. BOX GULFPOR	7119 RT, MS 39506			
FEI Number:	: 64-0636544	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
RIGGS, STEPHEN C 4460 LEGENDARY DRIVE, SUITE 100 DESTIN, FL 32541 US				
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.				
SIGNATUR	RE:			
	Electror	ic Signature of Registered Age	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP () GUILD, W. TAY 538 BEACH DR GULFPORT, M	IVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VCT () HARDY, DAVID 131 RUE MAGN BILOXI, MS 39	IOLIA	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () STOJCICH, STI 538 BEACH DR GULFPORT, M	IVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () CRAIN, JOSEP 131 RUE MAGN BILOXI, MS 39	IOLIA	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D ()	Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: W. TAYLOR GUILD PRES 06/27/2005