# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 20, 2008**
**Secretary of State**

DOCUMENT# F05000004036

**Entity Name:** DALE AND ASSOCIATES ARCHITECTS, P.A.

**Current Principal Place of Business:**

ONE JACKSON PLACE, SUITE 250
188 E. CAPITOL STREET
JACKSON, MS 39201

**New Principal Place of Business:**

**Current Mailing Address:**

ONE JACKSON PLACE, SUITE 250
188 E. CAPITOL STREET
JACKSON, MS 39201

**New Mailing Address:**

**FEI Number: 64-0854019** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DALE, T. DOUG
Address: 111 KATHERINE POINTE DRIVE
City-St-Zip: MADISON, MS 39110

Title: V ( ) Delete
Name: BARNES, JEFFREY R
Address: 4015 BERKLEY DRIVE
City-St-Zip: JACKSON, MS 39211

Title: S ( ) Delete
Name: ALEXANDER, CHARLES
Address: 108 WATERWOOD DRIVE EAST
City-St-Zip: BRANDON, MS 39047

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

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

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 exemption stated 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 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: JO ANN BROWN MGR 05/20/2008

Electronic Signature of Signing Officer or Director Date