

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90097 028 ***158.75

DOCUMENT # F05000004320	
1. Entity Name TROXELL ASSOCIATES ARCHITECTURE, INC.	

Principal Place of Business 121 REYNOLDA VILLAGE WINSTON-SALEM NC 27106	Mailing Address 121 REYNOLDA VILLAGE WINSTON-SALEM NC 27106
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2. Principal Place of Business - No P.O. Box # 4622 Country Club Road	3. Mailing Address 4622 Country Club Road
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. Suite 220
City & State Winston-Salem N.C.	City & State Winston-Salem N.C.
Zip 27104	Country USA

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR. 1150 LOUISIANA AVE., SUITE 4 WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME TROXELL, KYLE E ☐ Delete	TITLE Secretary ☒ Change ☐ Addition	NAME 4622 Country Club Road, Suite 220 Winston-Salem, NC 27104
STREET ADDRESS 121 REYNOLDA VILLAGE	CITY-ST-ZIP WINSTON-SALEM NC 27106	STREET ADDRESS 4622 Country Club Road, Suite 220	CITY-ST-ZIP Winston-Salem, NC 27104
TITLE VS	NAME TROXELL, ANN S ☐ Delete	TITLE Vice President ☐ Change ☒ Addition	NAME Gibbons, Jeffrey D
STREET ADDRESS 121 REYNOLDA VILLAGE	CITY-ST-ZIP WINSTON-SALEM NC 27106	STREET ADDRESS 4622 Country Club Road, Suite 220	CITY-ST-ZIP Winston-Salem, NC 27104
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: KYLE TROXELL RTM 1.31.07 336-760-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #