

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005222

1. Entity Name
HC ARCHITECTURE, INC.



Principal Place of Business

**545 DUTCH VALLEY RD NE STUDIO B
ATLANTA, GA 30324**

Mailing Address

**545 DUTCH VALLEY RD NE STUDIO B
ATLANTA, GA 30324**

DO NOT WRITE IN THIS SPACE



07022006 No Chg-P CR2E034 (11/05)

4. FEI Number
45-0538224

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPIS, CAROLE S
448 RUCKEL DR.
NICEVILLE, FL 32578**

**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 reinstating)

DATE

**FILE NOW!!!-FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPS
CAMPIS, MARK R
545 DUTCH VALLEY RD NE STUDIO B
ATLANTA, GA 30324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCVP
HOGAN, THOMAS J JR
545 DUTCH VALLEY RD NE STUDIO B
ATLANTA, GA 30324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOGAN, THOMAS J JR
545 DUTCH VALLEY RD NE STUDIO B
ATLANTA, GA 30324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000568249
07/07/06-80001-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/06

404.431.6643