


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005457 1. Entity Name CROMWELL ARCHITECTS ENGINEERS, INC.	
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Principal Place of Business 101 SOUTH SPRING STREET LITTLE ROCK, FL 72201	Mailing Address 101 SOUTH SPRING STREET LITTLE ROCK, FL 72201
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0349938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CSJM ARCHITECTS
ATTN: CALVIN B. SAMUEL
700 CENTRAL AVENUE, SUITE 200
ST. PETERSBURG, FL 33701**

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U00000628683
02/16/07-80027-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C THOMPSON, J. BRENT 101 SOUTH SPRING STREET LITTLE ROCK, FL 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP PENIX, CHARLES J 101 SOUTH SPRING STREET LITTLE ROCK, FL 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMBS, GEORGE R II 101 SOUTH SPRING STREET LITTLE ROCK, FL 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CANNON, T. RAY 101 SOUTH SPRING STREET LITTLE ROCK, FL 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILLIARD, JOE H 101 SOUTH SPRING STREET LITTLE ROCK, FL 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-07
Date

Daytime Phone #