2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90182 020 ***150.00

DOCUMENT # F09180

1. Entity Name
R.J. MCCORMACK, ARCHITECT, INC.

50048232

Principal Place of Business	Mailing Address
4100 CENTER POINTE DR SUITE 106 FORT MYERS, FL 33916 US	4100 CENTER POINTE DR SUITE 106 FORT MYERS, FL 33916 US

2. Principal Place of Business _6150 Diamond Centre Ct_
Suite, Apt. #, etc. _Bldg. 501_
City & State _Ft. Myers, FL._
Zip _33912_ Country _US_

3. Mailing Address _6150 Diamond Centre Ct_
Suite, Apt. #, etc. _Bldg. 501_
City & State _Ft. Myers, FL_
Zip _33912_ Country _U.S._

04192005

4. FEI Number	Applied For
59-2086652	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCORMACK, R.J. 4100 CENTER POINTE DR SUITE 106 FORT MYERS, FL 33916	Name _McCormack R.J._ Street Address (P.O. Box Numbers Not Acceptable) _6150 Diamond Centre Ct_ _Bldg. 501_ City _Ft. Myers_ FL _33912_

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 _[signed]_ DATE _4/29/05_
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	_6150 Diamond Centre Ct. 501 Ft. Myers, FL 33912_	☑ Change ☐ Addition
NAME	MCCORMACK, R. J.		NAME		
STREET ADDRESS	4100 CENTER POINTE DR STE 106		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33916		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _[signed]_   Date   Daytime Phone # _239/275-1001_
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>