

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F13946

1. Entity Name
ACTECH ARCHITECTS, ENGINEERS AND PLANNERS,
INCORPORATIONS



Principal Place of Business

126 W ADAMS ST.
SUITE 450
JACKSONVILLE, FL 32201-3524 US

Mailing Address

P.O. BOX 691
P. O. BOX 691
JACKSONVILLE, FL 32201-3524 US



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0203057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUEY, SEDLEY
2917 ISSER COURT
JACKSONVILLE, FL 32217

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000060128423
04/26/04-80077-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUEY, SEDLEY
STREET ADDRESS	2917 ISSER CT
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	STEWART, MICHAEL D
STREET ADDRESS	10218 SHORE VIEW DR N
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	VERMEY, GERARD
STREET ADDRESS	65 SHELL STREET
CITY - ST - ZIP	ATLANTIC BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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:

Sedley Huey Sedley Huey

04/23/04

(904) 356-1274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #