

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2005 8:00 am**  
**Secretary of State**

07-06-2005 90034 050 \*\*\*558.75

20061601



06302005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F22401</b> 1. Entity Name <b>RUYLE.MASTERS.HAYES+JENNEWEIN ARCHITECTS PA</b>					
Principal Place of Business <b>3333 W KENNEDY BLVD, STE 203 TAMPA, FL 33609</b>			Mailing Address <b>3333 W KENNEDY BLVD, STE 203 TAMPA, FL 33609</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2085993</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TAYLOR, J SCOTT</b> <b>2909 WEST BAY TO BAY BLVD</b> <b>STE 403</b> <b>TAMPA, FL 33629</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUYLE, JAMES DOUGLAS	NAME			
STREET ADDRESS	3333 W KENNEDY BLVD #203	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000,	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENNEWEIN, JAMES J	NAME			
STREET ADDRESS	3333 W KENNEDY BLVD #203	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP			
TITLE	DVTS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASTERS, DANIEL WAYNE	NAME			
STREET ADDRESS	3333 W KENNEDY BLVD #203	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAYES, ANDREW M	NAME	Executive Vice President		
STREET ADDRESS	3333 W KENNEDY BLVD #203	STREET ADDRESS	Secretary		
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	Treasurer		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____		James Ruyle		June 30, 2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	