


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G52120 1. Entity Name WINNINGHAM, BUNDY & TICE, ARCHITECTS, P.A.	
--	---

Principal Place of Business 1070 NE 45 ST. FT LAUDERDALE, FL 33334	Mailing Address 1070 NE 45 ST. FT LAUDERDALE, FL 33334
--	--



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2335517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUNDY, BOYD 1070 NE 45 ST. FT LAUDERDALE, FL 33334

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

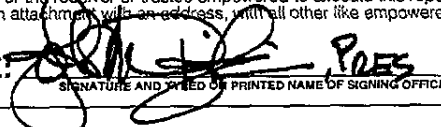
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUNDY, BOYD 1070 NE 45 ST. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WINNINGHAM, JOHN H. 1070 NE 45 ST. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TICE, JOHN 1070 NE 45TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000002057
01/12/04-80036-016 150.00

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:  **John H. Winningham** 1/7/04 454-771-8900
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #