


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**


01-24-2006 90016 022 \*\*\*150.00

<b>DOCUMENT # G52120</b> 1. Entity Name <b>WINNINGHAM, BUNDY &amp; TICE, ARCHITECTS, P.A.</b>	
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Principal Place of Business <b>1070 NE 45 ST. FT LAUDERDALE, FL 33334</b>	Mailing Address <b>1070 NE 45 ST. FT LAUDERDALE, FL 33334</b>
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**40005495**



01052006 No Chg-P CR2E034 (11/05)

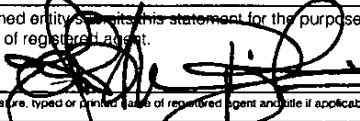
4. FEI Number <b>59-2335517</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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  DATE **1/10/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BUNDY, BOYD 1070 NE 45 ST. FT LAUDERDALE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P WINNINGHAM, JOHN H. 1070 NE 45 ST. FT LAUDERDALE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S TICE, JOHN 1070 NE 45TH ST FT LAUDERDALE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 Date Daytime Phone #