2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G52120

1. Entity Name
WINNINGHAM, BUNDY & TICE, ARCHITECTS, P.A.

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

DO NOT WRITE IN THIS SPACE

01092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2335517	Not Applicable

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

6. Name and Address of Current Registered Agent

BUNDY, BOYD
1070 NE 45 ST.
FT LAUDERDALE, FL 33334

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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.
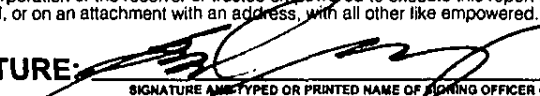
SIGNATURE_____

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, 2008 Fee will be $550.00

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

U000000780839
01/15/08-80010-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	V
NAME	BUNDY, BOYD
STREET ADDRESS	1070 NE 45 ST.
CITY-ST-ZIP	FT LAUDERDALE, FL

TITLE	P
NAME	WINNINGHAM, JOHN H.
STREET ADDRESS	1070 NE 45 ST.
CITY-ST-ZIP	FT LAUDERDALE, FL

TITLE	S
NAME	TICE, JOHN
STREET ADDRESS	1070 NE 45TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL

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:_____   1/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #