

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17897

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: ROBERT REID WEDDING ARCHITECTS & PLANNERS, A.I.A., INC.

**Current Principal Place of Business:**

4112 CYPRESS ST.  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4112 CYPRESS ST.  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-2418685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEDDING, ROBERT REID,  
Address: 4112 CYPRESS ST.  
City-St-Zip: TAMPA, FL 33607

Title: ST ( ) Delete  
Name: WEDDING, ROBERT REID,  
Address: 4112 CYPRESS ST.  
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete  
Name: GORDILLO, JOSE A  
Address: 4112 CYPRESS ST  
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete  
Name: CASTELLANOS, JOSE  
Address: 4112 CYPRESS ST  
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete  
Name: SILAS, KEITH  
Address: 4112 CYPRESS ST  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R WEDDING

PD

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date