


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90037 016 ***150.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # H19795 1. Entity Name RICHARD WENSING ARCHITECTS & PLANNERS, P.A. | | | |  | |
| Principal Place of Business 901 NORTHPOINT PARKWAY STE 101 WEST PALM BEACH, FL 33407 US | | | | Mailing Address 901 NORTHPOINT PARKWAY STE 101 WEST PALM BEACH, FL 33407 US | |
| 2. Principal Place of Business, No P.O. Box # 2101 VISTA Parkway Suite, Apt. #, etc. Suite 108 City & State West Palm Beach Zip 33411 | | 3. Mailing Address 2101 VISTA Parkway Suite, Apt. #, etc. Suite 108 City & State West Palm Beach Zip 33411 | | 4. FEI Number 59-2440939 Applied For <input type="checkbox"/> Not Applicable | |
| Country Palm Beach | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WENSING, RICHARD 901 NORTHPOINT PARKWAY STE 109 WEST PALM BEACH, FL 33407 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST WENSING, RICHARD 901 NORTHPOINT PARKWAY W. PALM BEACH, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WENSING, RICHARD 901 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V WENSING, RICHARD 901 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <i>Richard Wensing</i> | | 10 Jan. 2008 561.684.1988 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |