2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2005 08:00 AM Secretary of State

ANNOAL REPORT				C + CC++
DOCUMENT # H24125 1. Entity Name RON DORRIS ARCHITECTS, A.I.A., P.A.				Secretary of State
Principal Place of Business Mailing Address 311 N.E. 8TH STREET 311 N.E. 8TH STREET SUITE 202 HOMESTEAD, FL 33030 HOMESTEAD, FL 33030				
DO NOT WRITE IN THIS SPACE			CE	01212005 No Chg-P CR2E034 (10/03)
5. Name and Address of Current Registered Agent DORRIS, RONALD J. 311 NE 8 STR #202 _ HOMESTEAD, FL 33030		With a second sec	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 Signature, typed or printed name of registered agent and the if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE Trust Registered Agent signature required when rehastating) DATE 9. Election Campaign Financing Added to Fees				
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DORRIS, RONALD J. 311 NE 8 STREET HOMESTEAD, FL	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Haracana and the second	
TITLE				

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

o Dorris

1-31-05

305-247-8405

Daytime Phone #