


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # H36956 1. Entity Name HOLEMAN SUMAN ARCHITECTS, INC.	
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Principal Place of Business 2101 S. WAVERLY PLACE SUITE 100 MELBOURNE, FL 32901 US	Mailing Address 2101 S WAVERLY PL STE 100 MELBOURNE, FL 32901 US
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02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2490342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HOLEMAN, VAUGHN D 2101 S WAVERLY PL STE 100 MELBOURNE, FL 32901
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

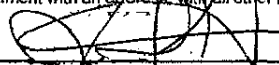
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUMAN, CRAIG A. 2101 S WAVERLY PL STE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLEMAN, VAUGHN D. 2101 SOUTH WAVERLY PLACE STE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENNIS, LORI ANN 2101 S WAVERLY PL STE 100 MELBOURNE, FL 32901
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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02/16/04-80150-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:  VAUGHN D. HOLEMAN, PRES. 2/12/04 (321) 768-7887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone