

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H36956

1. Entity Name
HOLEMAN SUMAN ARCHITECTS, INC.



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

FILED

07 APR -2 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2490342

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLEMAN, VAUGHN D
2101 S WAVERLY PL
STE 100
MELBOURNE, FL 32901

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SUMAN, CRAIG A.
STREET ADDRESS	2101 S WAVERLY PL STE 100
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	P
NAME	HOLEMAN, VAUGHN D.
STREET ADDRESS	2101 SOUTH WAVERLY PLACE STE 100
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VP
NAME	DENNIS, LORI ANN
STREET ADDRESS	2101 S WAVERLY PL STE 100
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07--01023--001 **500.00

DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07

Date

(321) 768-7887

Daytime Phone #

7/13