
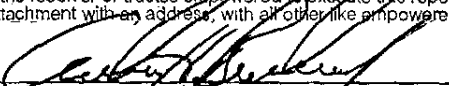


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # H44397</b><br>1. Entity Name<br><b>ARCHITECTURAL CONSTRUCTORS, INC.</b>   |   |  |  |                                    |  |
| Principal Place of Business<br><b>% ARTHUR H. BUCHMAN JR.<br/>12118 CHANCELLOR BLVD.<br/>PT.CHARLOTTE FL 33953</b>  |   |  | Mailing Address<br><b>% ARTHUR H. BUCHMAN JR.<br/>12118 CHANCELLOR BLVD.<br/>PT.CHARLOTTE FL 33953</b>                 |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   |   | Country  |  | Zip   |  |
| Country   |   | Country  |  | Country   |  |
| 6. Name and Address of Current Registered Agent   |   |  |  | 7. Name and Address of New Registered Agent   |  |
| <b>BUCHMAN, ARTHUR H. JR.<br/>12118 CHANCELLOR BLVD.<br/>PT.CHARLOTTE FL 33953</b>  |   |  |  | Name  |  |
|   |   |  |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |   |  |  | City  |  |
|   |   |  |  | <b>FL</b> Zip Code  |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete<br><b>DPT<br/>BUCHMAN, ARTHUR H. JR.<br/>12118 CHANCELLOR BLVD.<br/>PT.CHARLOTTE FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000260763<br/>03/12/05-80035-024 150.00</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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:   |   | <b>ARTHUR H. BUCHMAN JR</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |  | <b>3/9/05</b><br><small>Date</small>  |  |
|   |   |  |  | <b>426-6303</b><br><small>Daytime Phone #</small>   |  |



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2505367** Applied For  Not Applicable

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

**FL** Zip Code

**\$5.00** May Be Added to Fees

**U00000260763  
03/12/05-80035-024 150.00**

**941**

Daytime Phone #