


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Feb 18, 2008 08:00 AM  
Secretary of State

DOCUMENT # H44397 1. Entity Name ARCHITECTURAL CONSTRUCTORS, INC.				 1st MOORE      CR2E034 (10/07)	
Principal Place of Business % ARTHUR H. BUCHMAN JR. 12118 CHANCELLOR BLVD. PT.CHARLOTTE FL 33953		Mailing Address % ARTHUR H. BUCHMAN JR. 12118 CHANCELLOR BLVD. PT.CHARLOTTE FL 33953			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>59-2505367</b> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent <b>BUCHMAN, ARTHUR H. JR. 12118 CHANCELLOR BLVD. PT.CHARLOTTE FL 33953</b>	
				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature requires when not on file) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete BUCHMAN, ARTHUR H. JR. 12118 CHANCELLOR BLVD. PT.CHARLOTTE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1000000330414 02/26/08-80082-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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: *Arthur H. Buchman*      15 FEB. '08      743-2198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #