

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED FEB 05
Feb 03, 2005 08:00 AM
Secretary of State
2 FEB 05

DOCUMENT # J00186
1. Entity Name
DONOVAN DEAN ARCHITECTS, INC.



Principal Place of Business
740 NORTH MAGNOLIA AVENUE
ORLANDO FL 32803

Mailing Address
740 NORTH MAGNOLIA AVENUE
ORLANDO FL 32803

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2638742
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DEAN, DONOVAN
740 N. MAGNOLIA AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

PAID 150.00 2 FEB 05
CK # 4769

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEAN, DONOVAN 740 N. MAGNOLIA AVE. ORLANDO FL 32803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000213069 02/03/05-80054-024 150.00
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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: Donovan Dean DONOVAN DEAN 2 FEB 05 407/422-1746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #