## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J21790

BRADY, SCOTT A

JACKSONVILLE, FL 32224

4460 HODGES BOULEVARD, APT. #1520

Name:

Address:

City-St-Zip:

EBERT NORMAN BRADY ARCHITECTS PA

FILED Jan 24, 2008 Secretary of State

Entity Nar	me: EBERTI	NORMAN BRA	ADY ARCHITECT	S PA			
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 230	I AVENUE S. ) VILLE BEACH	H, FL 32250	US				
Current Mailing Address:				New Mailing Address:			
SUITE 230	I AVENUE S. ) VILLE BEACH	I, FL 32250	US				
FEI Number:	: 59-2722686	FEI Number	Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				Name and Addres	Name and Address of New Registered Agent:		
RICHARD G. HATHAWAY, P.A. 50 A1A NORTH, STE 102 PONTE VEDRA BEACH, FL 32082 US				115 PROFESSION. SUITE 101	RICHARD G. HATHAWAY, P.A. 115 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082 US		
	named entity e of Florida.	submits this s	tatement for the p	urpose of changing its registe	ered office or registered agent, or both,		
SIGNATURE:					01/24/2008		
Electronic Signature of Registered Agent				nt	Date		
Election Car	npaign Financin	g Trust Fund Co	ontribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	EBERT, WILLI 2303 FIDDLER			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	NORMAN, JOH 2889 ST. JOHN	) Delete IN T NS BOULEVARD E BEACH, FL 32	2250	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title <sup>.</sup>	VP (	) Delete		Title <sup>.</sup>	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM P.J. EBERT DP 01/24/2008