2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 A Secretary of State **DOCUMENT # J48646** 1. Entity Name PICKETT HUNTER ASSOCIATES ARCHITECTURE, P.A. Principal Place of Business Mailing Address 2040 STATE ROAD 60 E 2040 STATE ROAD 60 E BARTOW, FL 33830-8786 BARTOW, FL 33830-8786 CR2E034 (11/05) 01152008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2770965 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent HUNTER, TERRY DO NOT WRITE 2040 STATE RD 60 E BARTOW, FL 33830 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 tritle if applicable (NOTE: Registered Agent signature required when remetating) U000000790641 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 01/23/08-80040-018 158,75 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME **HUNTER, TERRY** STREET ADDRESS 219 RIGGINS ST CITY-ST-ZIP LAKELAND, FL 33801 TITLE **HUNTER, BETTYE M** NAME STREET ADDRESS 219 RIGGINS STREET CITY-ST-ZIP LAKELAND, FL 33801 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE

STREET ADDRESS C/TY-ST-ZIP

1-16-08 (863)