

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # J68956

1. Entity Name

ARCHITECTURAL DESIGN ASSOCIATES, INC.



Principal Place of Business

4110 SOUTHPPOINT BLVD. RM. 222
JACKSONVILLE, FL 32216

Mailing Address

4110 SOUTHPPOINT BLVD. RM. 222
JACKSONVILLE, FL 32216



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2803225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JAMES T
1022 BARRS STREET
JACKSONVILLE, FL 32204

**DO NOT WRITE
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 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000214087
02/03/05-80096-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RUSK, OREN C JR.
STREET ADDRESS	3555 LENOX ROAD STE 1190
CITY - ST - ZIP	ATLANTA, GA 303261332
TITLE	PST
NAME	ROWLAND, HARRY S JR.
STREET ADDRESS	3555 LENOX ROAD, STE 1190
CITY - ST - ZIP	ATLANTA, GA 303261332
TITLE	V
NAME	MARTIN, JAMES T
STREET ADDRESS	4110 SOUTHPPOINT BLVD STE 222
CITY - ST - ZIP	JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #