2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68956

Name:

Address:

City-St-Zip:

() Delete

4110 SOUTHPOINT BLVD STE 222

JACKSONVILLE, FL 32216

MARTIN, JAMES T

Entity Name: ARCHITECTURAL DESIGN ASSOCIATES, INC.

FILED Mar 27, 2007 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
4110 SOUTHPOINT BLVD. RM. 222 JACKSONVILLE, FL 32216				2715 OAK STREET SUITE B JACKSONVILLE, FL 32205			
Current Mailing Address:				New Mailing Address:			
4110 SOUTHPOINT BLVD. RM. 222 JACKSONVILLE, FL 32216				2715 OAK STREET SUITE B JACKSONVILLE, FL 32205			
FEI Number:	: 59-2803225	FEI Number Applied For ()	FEI Nun	nber Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
The above	e of Florida.		he purpose o	f changing i	ts registere	ed office or registered agent, or both,	
	Electr	onic Signature of Registered	Agent			Date	
Election Car	npaign Financ	ing Trust Fund Contribution $(\).$					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RUSK, OREI 3555 LENOX	() Delete N C JR. (ROAD STE 1190 A 303261332		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ROWLAND, 3555 LENOX	() Delete HARRY S JR. (ROAD, STE 1190 A 303261332		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	V	() Delete		Title:	V	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES T MARTIN ٧ 03/27/2007

(X) Change () Addition

MARTIN, JAMES T

2715 OAK STREET, SUITE B

JACKSONVILLE, FL 32205