

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83849

FILED
Mar 09, 2005
Secretary of State

Entity Name: BRUCE/TERRELL ARCHITECTS, INC.

Current Principal Place of Business:

7563 PHILLIPS HIGHWAY
500
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

7563 PHILLIPS HWY
500
JACKSONVILLE, FL 322566824 US

New Mailing Address:

FEI Number: 59-2839417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, DENNIS E. ESQ
5341 SW 62 AVE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BRUCE, MICHAEL,
Address: 2313 OCEANFOREST DR W
City-St-Zip: ATLANTIC BEACH, FL

Title: D () Delete
Name: BRUCE, MICHAEL,
Address: 2313 OCEANFOREST DRIVE W
City-St-Zip: ATLANTIC BEACH, FL

Title: D () Delete
Name: BRUCE, REBECCA SAROF, F
Address: 2313 OCEANFOREST DRIVE W
City-St-Zip: ATLANTIC BEACH, FL

Title: VD () Delete
Name: TERRELL, JAMES C.,
Address: 4326 BOAT CLUB DRIVE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MICHAEL BRUCE

PST

03/09/2005

Electronic Signature of Signing Officer or Director

_____ Date