2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00761

FILED Apr 01, 2008 Secretary of State

Entity Name: LUNZ PREBOR FOWLER ARCHITECTS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	MORTON DRIND, FL 33801	/E		
Current Mailing Address:		New Mailing Address:		
	MORTON DRIND, FL 33801	/E		
El Number	: 59-2853955	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
8 LAKE N	WARD G MORTON DR.			
/ ((CL) (()	D, FL 33801	US		
he above	,		ourpose of changing its registere	ed office or registered agent, or both,
he above	named entity e e of Florida. RE:	submits this statement for the p		ed office or registered agent, or both,
he above the State	named entity : e of Florida. RE: Electror	submits this statement for the particles of Registered Agric Signature of Registered Agr		ed office or registered agent, or both, Date
he above the State	named entity : e of Florida. RE: Electror	submits this statement for the p		
he above the State GNATUI	named entity : e of Florida. RE: Electror	submits this statement for the particles of Registered Agric Signature of Registered Agric Strust Fund Contribution ().	ent	
The above the State SIGNATUING PROPERTIEER THE STATE S	named entity e of Florida. RE: Electror mpaign Financing S AND DIREC	submits this statement for the particle Signature of Registered Agray Trust Fund Contribution (). TORS: Delete D.G., OOD LANE	ent	Date
he above the State GNATUI	e named entity : e of Florida. RE: Electror mpaign Financing S AND DIREC PTD () LUNZ, EDWAR 916 WEDGEW LAKELAND, FL	submits this statement for the partic Signature of Registered Agrig Trust Fund Contribution (). TORS:) Delete D G., OOD LANE) Delete	ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR

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.

SIGNATURE: EDWARD G. LUNZ PTD 04/01/2008