## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Aug 27, 2004 8:00 am Secretary of State **DOCUMENT # K29290** 08-27-2004 90005 031 \*\*\*150.00 STEVEN J. BRISSON, AIA, ARCHITECT, P.A. Principal Place of Business Mailing Address **J4U/U40J** Suite 217 300 5TH AVE. SOUTH 300 5TH AVE. SOUTH NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address 300 5th Avenue 300 5th Avenue South Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 Chg-P CR2E034 (10/03) suite 217 <u>Suite 217</u> 4. FEI Number City & State City & State Applied For Naples, Florida 65-0056461 Naples F Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 34102 Fee Required 34102 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Brisson, Steven T Street Address (P.O. Box Number is Not Acceptable) BRISSON, STEVEN J. 300 5TH AVE. SOUTH 300 5th Avenue South NAPLES, FL 34102 suite 217 Naples Naples 34102 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. П Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Addition Brisson, Steven J BRISSON, STEVEN J. NAME NAME 300 5th Avenue South, Buitc 217 STREET ADDRESS 300 5TH AVE. SOUTH STREET ADDRESS Nades, FL 34102 CITY-ST-ZIF NAPLES, FL 34102 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE □ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



ATTACHMENT 54070469 4K29290

300 Fifth Avenue South Suite 217 Naples, Florida 34102 Telephone (239) 261-2923 Fax (239) 261-1130

August 20, 2004

Division of Corporations Florida Department of State P. O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

I have enclosed our Document #K29290, 2004 For Profit Corporation Annual Report, and our check number 9675 in the amount \$150.00. Since we never received a notice that this report was originally due on May 1<sup>st</sup>, I have not included the late fee. In the past, we always received a notice early in the spring and we promptly submitted the report and payment. In studying the online report, we noticed that the suite number for the office was not included in our address. We have made the appropriate addition in the address on the form.

Please contact me if you have any questions.

Sincerely,

Steven J. Brisson AIA,

Architect, P.A.

SJB/njb Enclosures