

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K29290</b> 1. Entity Name <b>STEVEN J. BRISSON, AIA, ARCHITECT, P.A.</b>					
Principal Place of Business <b>300 5TH AVE. SOUTH SUITE 217 NAPLES FL 34102 US</b>			Mailing Address <b>300 5TH AVE. SOUTH SUITE 217 NAPLES FL 34102 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0056461</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applied       </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRISSON, STEVEN J. 300 5TH AVE. SOUTH SUITE 217 NAPLES FL 34102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>BRISSON, STEVEN J.</b>  <b>300 5TH AVENUE SOUTH, SUITE 217</b>  <b>NAPLES FL 34102</b> </div> <div> <input type="checkbox"/> Delete         </div> </div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>U00000350814</b>  <b>05/02/05-80120-006 150.00</b> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete         </div> </div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>		
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					