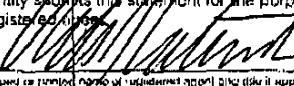
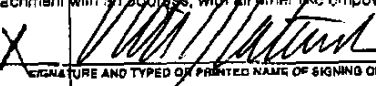


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FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90310 026 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # K95334					
1. Entity Name VICTOR J. LATAVISH, ARCHITECT, P.A.					
Principal Place of Business 4100 CORPORATE SQUARE STE 100 NAPLES, FL 33942 34104		Mailing Address 2375 TAMMAMT FERN STE 302 NAPLES, FL 34104			
2. Principal Place of Business 4100 CORPORATE SQUARE STE 100 Suite, Apt. #, etc. STE 100 City & State NAPLES FL Zip 34104 Country COLLIER		3. Mailing Address 4100 CORPORATE SQUARE Suite, Apt. #, etc. STE 100 City & State NAPLES FL Zip 34104 Country COLLIER		 04252004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0126127		Applied For Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
8. Name and Address of Current Registered Agent LATAVISH, VICTOR J. 4100 CORPORATE SQUARE STE 100 NAPLES, FL 34104			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  VICTOR J. LATAVISH Signature, typed or printed name of registered agent and date if applicable. (Not for Registered Agent signing required when resigning) DATE 2/29/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LATAVISH, VICTOR J.		NAME		
STREET ADDRESS	4100 CORPORATE SQUARE STE 100		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		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			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			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.					
SIGNATURE: 		VICTOR J. LATAVISH, PRESIDENT		239-643-1665	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone #	

4/29/04