APR-27-2004 04:11

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90310 026 ***150.00

DOCUMENT # K95334

1. Entity Name
VICTOR J. LATAVISH, ARCHITECT, P.A.

Principal Place of Business	Mailing Address
~~4100 CORPORATE SQUARE STE 100~~ ~~NAPLES, FL 33942~~ 34104	~~2375 TAMIAMI TRAIL N STE 302~~ ~~NAPLES, FL 34101~~

2. Principal Place of Business	3. Mailing Address
4100 CORPORATE SQUARE	4100 CORPORATE SQUARE
Suite, Apt. #, etc. STE 100	Suite, Apt. #, etc. STE 100
City & State NAPLES FL	City & State NAPLES FL
Zip 34104 Country COLLIER	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

6. 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 [signature] VICTOR J. LATAVISH PRESIDENT 2/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
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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: X [signature] VICTOR J. LATAVISH, PRESIDENT 239-643-1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/29/04