


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90012 047 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # L36638</b>                       |  |
| 1. Entity Name<br><b>BSSW ARCHITECTS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1520 ROYAL PALM SQUARE BLVD<br/>SUITE 300<br/>FORT MYERS, FL 33919-1036 US</b> | Mailing Address<br><b>1520 ROYAL PALM SQUARE BLVD<br/>SUITE 300<br/>FORT MYERS, FL 33919-1036 US</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01202004 Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0159555</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>WEAVER, RONALD<br/>1520 ROYAL PALM SQUARE BLVD.<br/>SUITE 300<br/>FORT MYERS, FL 33919</b> |  |
|--|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DV<br>SCHMITT, EUGENE C. <input checked="" type="checkbox"/> Delete<br>1520 ROYAL PALM SQ BLVD SUITE 300<br>FORT MYERS, FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>WEAVER, RONALD G. <input type="checkbox"/> Delete<br>1520 ROYAL PALM SQ BLVD SUITE 300<br>FORT MYERS, FL             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LAMERS, KENNETH <input type="checkbox"/> Delete<br>1520 ROYAL PALM SQ BLVD SUITE 300<br>FORT MYERS, FL 33919          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SUMMERS, DANIEL <input type="checkbox"/> Delete<br>5185 CASTELLO DR<br>NAPLES, FL 34103                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DV<br>WILLIAMS, KEVIN <input type="checkbox"/> Delete<br>1520 ROYAL PALM SQ BLVD SUITE 300<br>FORT MYERS, FL               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SCHMITT, EUGENE <input type="checkbox"/> Delete<br>1520 ROYAL PALM SQ BLVD SUITE 300<br>FORT MYERS, FL                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 _____  | 4-8-04 239-278-3838  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |