



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90335 008 ***150.00

DOCUMENT # L36638 1. Entity Name BSSW ARCHITECTS, INC.					
Principal Place of Business 1520 ROYAL PALM SQUARE BLVD SUITE 300 FORT MYERS, FL 33919-1036 US				Mailing Address 1520 ROYAL PALM SQUARE BLVD SUITE 300 FORT MYERS, FL 33919-1036 US	
2. Principal Place of Business 1500 JACKSON ST Suite, Apt. #, etc. SUITE 200 City & State FORT MYERS FL Zip 33901		3. Mailing Address 1500 JACKSON ST Suite, Apt. #, etc. SUITE 200 City & State FORT MYERS FL Zip 33901			
Country USA		Country USA		04062006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0159555				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEAVER, RONALD 1520 ROYAL PALM SQUARE BLVD. SUITE 300 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1500 JACKSON ST SUITE 200 City FORT MYERS FL Zip Code 33901		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP WEAVER, RONALD G. 1520 ROYAL PALM SQ BLVD SUITE 300 FORT MYERS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	DST LAMERS, KENNETH 1520 ROYAL PALM SQ BLVD SUITE 300 FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	DV SUMMERS, DANIEL 949 CENTRAL AVE NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	DV WILLIAMS, KEVIN 1520 ROYAL PALM SQ BLVD SUITE 300 FORT MYERS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D SCHMITT, EUGENE 1520 ROYAL PALM SQ BLVD SUITE 300 FORT MYERS, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Day to Phone #</small> _____					