## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 23, 2007 8:00 am Secretary of State DOCUMENT # L36638 04-23-2007 90283 002 \*\*\*150.00 1. Entity Name BSSW ARCHITECTS, INC. Principal Place of Business Mailing Address 1500 JACKSON ST 1500 JACKSON ST SUITE 200 SUITE 200 FORT MYERS, FL 33901 FORT MYERS, FL 33901 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0159555 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEAVER, RONALD 1500 JACKSON ST Street Address (P.O. Box Number is Not Acceptable) SUITE 200 FORT MYERS, FL 33901 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Addition Delete WEAVER, RONALD G. NAME NAME STREET ADDRESS 1500 JACKSON ST STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition LAMERS, KENNETH NAME NAME STREET ADORESS 1500 JACKSON ST STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP DV TITLE □ Delete TITLE ☐ Change ■ Addition SUMMERS, DANIEL NAME NAME STREET ADDRESS 949 CENTRAL AVE STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE D۷ ☐ Defete TITLE ☐ Channe ☐ Addition NAME WILLIAMS, KEVIN NAME 1500 JACKSON ST STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP 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 er or trustee empowered to the an address, with all of

FICER OR DIRECTOR

**FILED** 

SIGNATURE: