


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L68654

1. Entity Name
ASSOCIATED FLORIDA ARCHITECTS, INC.



Principal Place of Business 802 NW 23RD AVENUE SUITE B GAINESVILLE, FL 32609 US	Mailing Address 802 NW 23RD AVENUE SUITE B GAINESVILLE, FL 32609-3534 US
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DO NOT WRITE IN THIS SPACE



07242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3008986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, SR. R
 802 NW 23RD AVENUE
 SUITE B
 GAINESVILLE, FL 32609**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000374747
 07/28/05-80001-012 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, SR. ROBERT S. 802 NW 23RD AVE, STE B GAINESVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert S. Taylor Sr.* **7/24/05** **352-317-6649**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #