

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M96095	
1. Entity Name HUNTON BRADY ARCHITECTS, P.A.	

Principal Place of Business 800 N MAGNOLIA AVE SUITE 600 ORLANDO FL 32803	Mailing Address 800 N MAGNOLIA AVE SUITE 600 ORLANDO FL 32803
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 59-2910866	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLE, CHARLES W JR 800 N MAGNOLIA AVE, STE 600 ORLANDO FL 32803	
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and his qualification. (NOTE: Registered Agent Signature required when removing agent.)

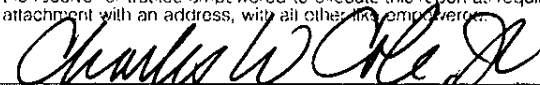
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	COLE, CHARLES W JR
STREET ADDRESS	800 N. MAGNOLIA AVE, STE 600
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	VPS ☐ Delete
NAME	MASO, MAURIZIO J
STREET ADDRESS	800 N MAGNOLIA AVE, STE 600
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	VP ☐ Delete
NAME	SEXTON, ANDREW
STREET ADDRESS	800 N MAGNOLIA AVE, STE 600
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	VPT ☐ Delete
NAME	BELFLOWER, STEPHEN
STREET ADDRESS	800 N. MAGNOLIA, STE 600
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 companies.

SIGNATURE:  **1/23/08 407-839-0886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR