## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000054677

Entity Name: MESA ARCHITECTURE, INC.

FILED Feb 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

815 BISCAYNE DRIVE 550 S. QUADRILLE BLVD.

WEST PALM BEACH, FL 33401 SUTE 100

WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

815 BISCAYNE DRIVE 550 S. QUADRILLE BLVD.

WEST PALM BEACH, FL 33401 SUTE 100

WEST PALM BEACH, FL 33401

FEI Number: 65-1020728 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LITTEN, JOHN W
815 BISCAYNE DRIVE
550 S. QUADRILLE BLVD.

WEST PALM BEACH, FL 33401 US SUTE 100

WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: JOHN WILLIAM LITTEN 02/10/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: LITTEN, JOHN W Name: LITTEN, JOHN W

Address: 1130 ELIZABETH AVENUE Address: 550 S. QUADRILLE BLVD., SUITE 100 City-St-Zip: WEST PALM BEACH, FL 334016916 City-St-Zip: WEST PALM BEACH, FL 33401

ity-st-zip: West Palivi Beach, FL 334010910 City-st-zip: West Palivi Beach, FL 33401

Title: ( ) Delete Title: VP ( ) Change (X) Addition Name: ROY, STEPHEN M

Address: Address: 550 S. QUADRILLE BLVD., SUITE 100
City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WILLIAM LITTEN PD 02/10/2004