

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065729

FILED
Apr 23, 2012
Secretary of State

Entity Name: INTEGRATED PROJECT DELIVERY, INC.

Current Principal Place of Business:

1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3660820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIN, SHANE L
1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: MATTHEWS, OWEN S
Address: 1411 S ORANGE BLOSSOM TRAIL
City-St-Zip: WINTER PARK, FL 32805

Title: D
Name: ROBERTS, JAMES
Address: 1411 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: ST
Name: CRAIN, SHANE L
Address: 1411 S ORANGE BLOSSOM TRAIL
City-St-Zip: LONGWOOD, FL 32805

Title: D
Name: ANDREW, TODD
Address: 1411 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: P
Name: ELSEA, JOHN
Address: 1411 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: VP
Name: TERRITO, JOSEPH
Address: 1411 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805

I hereby 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 all other like empowered.

SIGNATURE: SHANE CRAIN

ST

04/23/2012

Electronic Signature of Signing Officer or Director

Date