

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013745

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: ARCHITECTURE FOR EXCELLENCE, INC.

## Current Principal Place of Business:

180 PELICAN DRIVE NR  
PALM BAY, FL 32907

## New Principal Place of Business:

## Current Mailing Address:

180 PELICAN DRIVE NE  
PALM BAY, FL 32907

## New Mailing Address:

FEI Number: 59-3696361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, LYNN C  
180 PELICAN DRIVE NR  
PALM BAY, FL 32907

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WRIGHT, LYNN C  
Address: 180 PELICAN DRIVE NR  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: LYNN, KELLY  
Address: 180 PELICAN DRIVE NR  
City-St-Zip: PALM BAY, FL 32907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LYNN C. WRIGHT

PRES

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date