## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 08:00 AM Secretary of State

ANNUAL REPORT			Apr 13, 2003 00:00 A			
DOCUMENT # P01000021540  1. Entity Name WILLINGHAM ARCHITECTURE, P.A.				Sec	retary of S	State
Principal Place of Business 1698 MANOR WAY SOUTH ST. PETERSBURG, FL 33712	Mailing Address 1698 MANOR WAY SOUTH ST. PETERSBURG, FL 33712				A NAKA IINNI MANEKAN DITA D	
DO NOT WRITE IN THIS SPA		CE	01032005 4. FEI Numb 59-370	No Chg-P	<u> </u>	oplied For ot Applicable litional
6. Name and Address of Current Registered Agent WILLINGHAM, TROY K 1698 MANOR WAY SOUTH ST. PETERSBURG, FL 33712				NOT W		
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		.00 May Be ed to Fees				
10. OFFICERS AND DIT  TITLE D  NAME WILLINGHAM, TROY K  STREET ADDRESS 1698 MANOR WAY SOUTH ST. PETERSBURG, FL 33712  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	ECTORS	-		04/13/05-	302139 30059-018 IS	0.00
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME			-	NOT W THIS SF		
STREET ADDRESS		1				

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-SY-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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