## 2008 FOR PROFIT CORPORATION ANNUAL RÉPORT

**FILED** Jan 17, 2008 08:00 AM Secretary of State

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1. Entity Name

JAMES DEMARS ARCHITECT AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

823 BERKELEY STREET BOCA RATON, FL 33487 **823 BERKELEY STREET** BOCA RATON, FL 33487



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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01132008	No Chg-P	CR2E034 (11/05)

4. FEI Number 65-1090558

Not Applicable

\$8.75 Additional

DEMARS, JAMES R **823 BERKELEY STREET** 

## DO NOT WRITE

BOCA RATON, FL 33487				IN THIS SPACE					
	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	ith, in the State of Florid	da I am familiar with, and	accept t		
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent eignature	required when reinstating) ~		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000788378 01/18/08-80039-005 15				
10.	OFFICERS AND DIREC	CTORS	[	4	<u> </u>	\$ *** * * *			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEMARS, JAMES R 823 BERKELEY STREET BOCA RATON, FL 33487 VSD			•					
TITLE NAME ' STREET ADDRESS CITY-ST-ZIP	DEMARS, NORA 823 BERKELEY STREET BOCA RATON, FL 33487				·		•		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPA	ACE	e e		
TITLE							*		

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 affect 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 empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR