


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-17-2004 90024 029 ***150.00

DOCUMENT # P03000026195. 1. Entity Name WS ARCHITECTURE AND PLANNING, INC.					
Principal Place of Business 13501 POND APPLE DRIVE NAPLES FL 34119			Mailing Address 13501 POND APPLE DRIVE NAPLES FL 34119 ✓		
2. Principal Place of Business <i>Same as Mailing</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2333181	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 </div> <div style="width: 50%;"> Albert J. Socol 13501 Pond Apple Dr Naples, FL 34119 </div> </div>				7. Name and Address of New Registered Agent Name A. J. Socol Street Address (P.O. Box Number is Not Acceptable) 13501 Pond Apple Dr City Naples FL Zip Code 34119	
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 <i>[Signature]</i> V.P. DATE 01-21-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, MARLENE E 3357 CERRITO CT. NAPLES FL 34109 <i>13501 Pond Apple Dr Naples, FL 34119</i>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOCOL, ALBERT J 3357 CERRITO CT. NAPLES FL 34109 <i>13501 Pond Apple Dr Naples, FL 34119</i>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 all other like empowered.					
SIGNATURE: <i>[Signature]</i> V.P. DATE 01-21-04 (238) 513-2190 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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MOORE CR2E034 (11/03)