



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1/10

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90011 034 \*\*\*150.00

<b>DOCUMENT # P03000049965</b> 1. Entity Name <b>S &amp; T ARCHITECTURAL HOLDINGS, INC.</b>					
Principal Place of Business <b>152 BAYWOOD AVENUE LONGWOOD, FL 32750</b>			Mailing Address <b>152 BAYWOOD AVENUE LONGWOOD, FL 32750</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip #      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">66400681</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>01062004    Chg-P    CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between;"> <div>             4. FEI Number  <b>56-2356254</b> </div> <div>             Applied For  <input type="checkbox"/> Not Applicable           </div> </div> <div>             5. Certificate of Status Desired    <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </div>	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. David Thibault</b> <b>1640 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b> <i>152 Baywood Ave Longwood FL 32750</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVAGE, CHRISTOPHER 152 BAYWOOD AVENUE LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THIBAUT, DAVID 152 BAYWOOD AVENUE LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>David Thibault</i>				1-7-04      407-834-6767	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date      Daytime Phone #	