
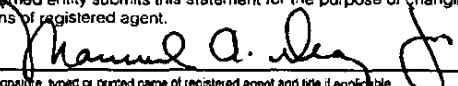
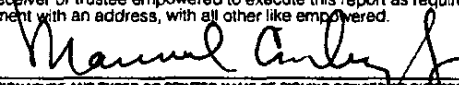


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AP)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-11-2004 90039 016 ***150.00

DOCUMENT # P03000052077					
1. Entity Name DOOZAN ARCHITECTURAL SERVICES, INC.					
Principal Place of Business 312 E BLOOMINGDALE AVE BRANDON FL 33511			Mailing Address 312 E BLOOMINGDALE AVE BRANDON FL 33511		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 83-0357820	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALBAUGH, MITCHELL E 314 E BLOOMINGDALE AVE BRANDON FL 33511				Name DIAZ, MANUEL A. JR.	
				Street Address (P.O. Box Number is Not Acceptable) 316 EAST BLOOMINGDALE AVENUE	
				City BRANDON	Zip Code FL 33511
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  Manuel A. Diaz, Jr.				DATE February 6, 2004	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, L. DAVID	NAME			
STREET ADDRESS	942 SYMPHONY ISLES BLVD	STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL 33572	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCULLAGH, JAMES P	NAME			
STREET ADDRESS	11305 LEPRECHAUN DR.	STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL 33569	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOOZAN, CARL W JR	NAME			
STREET ADDRESS	405 BRYAN CIRCLE NORTH	STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:  Manuel A. Diaz, Jr.				DATE February 6, 2004 (813) 421-7777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	