


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90027 042 \*\*\*150.00

<b>DOCUMENT # P03000070851</b> 1. Entity Name <b>RUTH AND DUNAVANT ARCHITECTS, INC.</b>					
Principal Place of Business <b>208 OCEANFRONT, BLDG. A NEPTUNE BCH, FL 32266</b>			Mailing Address <b>208 OCEANFRONT, BLDG. A NEPTUNE BCH, FL 32266</b>		
2. Principal Place of Business <b>25 S. Second St.</b>		3. Mailing Address <b>Suite 4</b>			
Suite, Apt. #, etc. <b>Suite 4</b>		Suite, Apt. #, etc.			
City & State <b>Jacksonville Beach, FL</b>		City & State			
Zip <b>32250</b>		Country <b>USA</b>		Zip	
Country		Country			
6. Name and Address of Current Registered Agent  <b>COLD, KATHLEEN H. ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<b>D</b> <b>RUTH, JOHN W</b> <b>208 OCEANFRONT, BLDG. A</b> <b>NEPTUNE BCH, FL 32266</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>25 S. Second St., Suite 4</b> <b>Jacksonville Beach, FL 32250</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUNAVANT, TODD</b> <b>208 OCEANFRONT, BLDG. A</b> <b>NEPTUNE BCH, FL 32266</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>25 S. Second St., Suite 4</b> <b>Jacksonville Beach, FL 32250</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RUTH, GWYNN S</b> <b>208 OCEANFRONT, BLDG A</b> <b>NEPTUNE BEACH, FL 32266</b> <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>Gwynn S. Ruth</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/18/05</b> <b>904-241-9666</b> <small>Date Daytime Phone #</small>		