
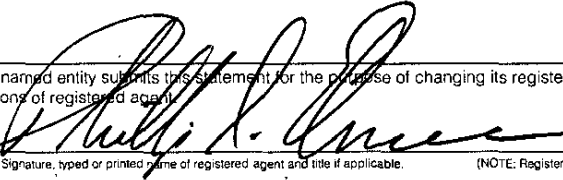
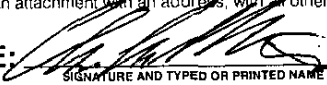


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90026 018 \*\*\*150.00

DOCUMENT # P03000097952			
1. Entity Name E.M. PHILLIPS ARCHITECTURE AND DESIGN, P.A.			
Principal Place of Business 100 1ST AVE SOUTH STE 350 ST PETERSBURG, FL 33701		Mailing Address 100 1ST AVE SOUTH STE 350 ST PETERSBURG, FL 33701	
2. Principal Place of Business 8950 Dr. M.L. King Jr. St N Suite, Apt. #, etc. STE 110		3. Mailing Address 8950 Dr. M.L. King Jr. St. N Suite, Apt. #, etc. STE 110	
City & State St Petersburg, FL		City & State St. Petersburg, FL	
Zip 33702		Country Pinellas	
Zip 33702		Country Pinellas	
4. FEI Number 76 0740546		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 CHAPMAN, KENNETH D JR 1920 GOLF STREET SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Elmeer, Phillip Street Address (P.O. Box Number is Not Acceptable) 8950 Dr. M.L. King Jr St. N STE 110 City St. Petersburg FL Zip Code 33702	
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:  Phillip Elmeer, Director 04/06/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	ELMEER, PHILLIP 100 1ST AVE STE 350 ST PETERSBURG, FL 33701	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	8950 Dr. M.L. King Jr. St N Ste 110 St. Petersburg FL 33702
TITLE P <input type="checkbox"/> Delete	Culbertson, Chris 8950 Dr. M.L. King Jr. St N Ste 110 St. Petersburg FL 33702	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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.			
SIGNATURE:  Chris Culbertson		Date: 4/6/04 Daytime Phone #: 727-570-9506	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			