2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000112961

1. Entity Name
GARCIA SEUFERT ARCHITECT, INC.

FILED
Sep 04, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
121 W 122ND AVE TAMPA, FL 33612	121 W 122ND AVE TAMPA, FL 33612

07242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0315187

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, RUSSELL L
6202 CHAUNCY STREET
TAMPA, FL 33647

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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 _____ DATE
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, RUSSELL L
STREET ADDRESS	6202 CHAUNCY STREET
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VD
NAME	SEUFERT, BRIAN D
STREET ADDRESS	6608 TWELVE OAKS BLVD
CITY-ST-ZIP	TAMPA, FL 36634
TITLE	T
NAME	GARCIA, JANET S
STREET ADDRESS	6202 CHAUNCY ST
CITY-ST-ZIP	TAMPA, FL 33674
TITLE	S
NAME	SEUFERT, NANCY
STREET ADDRESS	6608 TWELVE OAKS BLVD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/04/08-80003-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 8/29/08 813.915.8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #