

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116793

FILED
Feb 15, 2005
Secretary of State

Entity Name: FLORIDA ARCHITECTURAL PRODUCTS HOLDING COMPANY

Current Principal Place of Business:

170 AIRPARK BOULEVARD
IMMOKALEE, FL 34120

New Principal Place of Business:

170 AIRPARK BOULEVARD
IMMOKALEE, FL 34142

Current Mailing Address:

170 AIRPARK BOULEVARD
IMMOKALEE, FL 34120

New Mailing Address:

170 AIRPARK BOULEVARD
IMMOKALEE, FL 34142

FEI Number: 20-0422994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LLEVAT, HECTOR
Address: 1280 SW 142 CT.
City-St-Zip: MIAMI, FL 33184

Title: ST () Delete
Name: TUCKER, BILL
Address: 3820 13TH AVE.
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL TUCKER

ST

02/15/2005

Electronic Signature of Signing Officer or Director

Date