

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150561

FILED
Jan 04, 2008
Secretary of State

Entity Name: SHUMAKE ARCHITECTURE PA

Current Principal Place of Business:

220 EAST MADISON STREET
SUITE 1110
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

220 EAST MADISON STREET
SUITE 1110
TAMPA, FL 33620

New Mailing Address:

FEI Number: 20-3791743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUMAKE, ROBERT C
220 EAST MADISON STREET
SUITE 1110
TAMPA, FL 33629 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: SHUMAKE, ROBERT C
Address: 220 EAST MADISON STREET
City-St-Zip: TAMPA, FL 33602

Title: ST () Delete
Name: SHUMAKE, MARLOU C
Address: 3510 W SAN PEDRO ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHUMAKE, ROBERT C
Address: 220 EAST MADISON STREET #1110
City-St-Zip: TAMPA, FL 33602

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT CHARLES SHUMAKE

PD

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date