

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90032 023 \*\*\*150.00

**DOCUMENT # P06000031363**

1. Entity Name  
**HALFLANTS + PICHETTE STUDIO FOR MODERN ARCHITECTURE, INC.**



Principal Place of Business      Mailing Address  
**508 CENTRAL AVE**      **508 CENTRAL AVE**  
**SARASOTA, FL 34236 US**      **SARASOTA, FL 34236 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1381 5<sup>th</sup> Street**      **1381 5<sup>th</sup> Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



04082008      Chg-P      CR2E034 (12/06)

City & State      City & State  
**SARASOTA FL**      **SARASOTA FL**

4. FEI Number      Applied For  
**20-4441104**      Not Applicable

Zip      Country      Zip      Country  
**34236 USA**      **34236 USA**

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PICHETTE, JOHN S**  
**1377 FIFTH STREET**  
**SARASOTA, FL 34236**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1381 5<sup>th</sup> Street**  
 City      State      Zip Code  
**SARASOTA FL 34236**

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: *for Pichette*      DATE: **4.8.08**

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**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PICHETTE, JOHN S</b>	
STREET ADDRESS	<b>1377 FIFTH STREET</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	
TITLE	<b>SEC</b>	<input type="checkbox"/> Delete
NAME	<b>HALFLANTS, MICHAEL</b>	
STREET ADDRESS	<b>1377 FIFTH STREET</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John Pichette*      **JOHN PICHETTE**      DATE: **4.8.09**      DAYTIME PHONE: **941.365.1920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #