

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90038 008 \*\*\*150.00

**DOCUMENT # P06000096039**

1. Entity Name  
**A & R ARCHITECTS, P.A.**



Principal Place of Business  
**24301 ADDISON PLACE COURT  
BONITA SPRINGS, FL 34134**

Mailing Address  
**C/O ROBERT D. ROYSTON, JR., ESQ.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906**

**40028519**

2. Principal Place of Business - No P.O. Box #  
**3850 Colonial Blvd.**

3. Mailing Address  
**Suite, Apt. #, etc.  
Suite 200**

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

Zip  
**33966**

Country  
**Lee**

Zip  
**33966**

Country  
**Lee**



01252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-5252039**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROYSTON, ROBERT D JR.  
COSTELLO, ROYSTON & POND  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ESPARZA, ALAN D 24301 ADDISON PLACE COURT BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3850 Colonial Blvd. Suite 200 Fort Myers, FL 33966</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 prepare 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:** \_\_\_\_\_ **2/16/07** **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR