


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90182 035 ***150.00

DOCUMENT # P93000000663	
1. Entity Name SHEELEY ARCHITECTS, INC.	

Principal Place of Business 7800 UNIVERSITY POINTE DR SUITE 400 FT MYERS FL 33907 US	Mailing Address 7800 UNIVERSITY POINTE DR SUITE 400 FT MYERS FL 33907 US
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2. Principal Place of Business - No P.O. Box # 12800 UNIVERSITY DR.	3. Mailing Address 12800 UNIVERSITY DR.
Suite, Apt. #, etc. SUITE 420	Suite, Apt. #, etc. SUITE 420
City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33907	Country US

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0386130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEELEY, MICHAEL K 7800 UNIVERSITY POINTE DR STE 400 FORT MYERS FL 33907	
7. Name and Address of New Registered Agent Name SHEELEY, MICHAEL K. Street Address (P.O. Box Number is Not Acceptable) 12800 UNIVERSITY DR. STE 420 City FORT MYERS FL Zip Code 33907	

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEELEY, MICHAEL K 15661 OLD WEDGEWOOD COURT FORT MYERS FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEELEY, MICHAEL K. 12800 UNIVERSITY DR., STE 420 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 Section 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:  **MICHAEL K. SHEELEY** 04/10/07 (239) 482-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #