

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000087926

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** FLEMING & ASSOCIATES ARCHITECTURAL DESIGN, INC.

**Current Principal Place of Business:**

1047 5TH AVE N  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

1047 5TH AVE N  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 65-0536912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLEMING, BRIAN K  
1047 5TH AVE N  
NAPLES, FL 34102 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FLEMING, BRIAN K  
Address: 173 SKIPPING STONE LANE  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: CASSARINO, THOMAS D  
Address: 4981 BOXWOOD WAY  
City-St-Zip: NAPLES, FL 34116

Title: D  
Name: WELLING, JON  
Address: 3211 15 TH. AV. S.W.  
City-St-Zip: NAPLES, FL 34117

I hereby 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 all other like empowered.

SIGNATURE: THOMAS D. CASSARINO

D

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date