

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036408

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** CSJM ARCHITECTS, INCORPORATED

**Current Principal Place of Business:**

700 CENTRAL AVE.  
SUITE 200  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

700 CENTRAL AVE.  
SUITE 200  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

700 CENTRAL AVE.  
SUITE 200  
ST. PETERSBURG, FL 33701

**FEI Number:** 59-3320535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SAMUEL, CALVIN B  
125-23RD AVE., N.E.  
SAINT PETERSBURG, FL 33704 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: DP  
Name: SAMUEL, CALVIN B  
Address: 125-23RD AVE. N.E.  
City-St-Zip: ST. PETERSBURG, FL

Title: DVP  
Name: MARICONE, JOHN J  
Address: 14714 SEMINOLE TR  
City-St-Zip: SEMINOLE, FL 33776

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: CBSAMUEL

PRES

04/12/2012

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

\_\_\_\_\_  
Date