

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000057541

1. Entity Name
FERGIS & SELCK ARCHITECTS, P.A.



Principal Place of Business
590 11TH AVE S
NAPLES, FL 34102 US

Mailing Address
590 11TH AVE S
NAPLES, FL 34102 US



02012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0601021 Applic For
No. Applicat:
5. Certificate of Status Desirc **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SELCK, ANN
590 11TH AVE S
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature (typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY ST ZIP
C	SELCK, THOMAS E	590 11TH AVE S	NAPLES, FL
S	SELCK, ANN	590 11TH AVE S	NAPLES, FL 34102

U000000113098
04/14/04-80050-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii) 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: Ann Selck Ann Selck 4/9/04 239-649-64
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #