

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90025 018 \*\*\*150.00

**DOCUMENT # P96000039022**

1. Entity Name

ONICX ARCHITECTURE, CORPORATION



Principal Place of Business

Mailing Address

5005 PICKETT CT  
TAMPA FL 33624  
US

5005 PICKETT CT  
TAMPA FL 33624  
US

2. Principal Place of Business

13930 N. DALE MABRY

3. Mailing Address

13930 N. DALE MABRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 3

SUITE # 3

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33618

USA

33618

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3383059

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

MOORE

CR2E034 (11/03)



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WOLFE, BRIAN D  
STREET ADDRESS 5005 PICKETT CT  
CITY-ST-ZIP TAMPA FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 13930 N. DALE MABRY HWY, SUITE 3  
CITY-ST-ZIP TAMPA FL 33618

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

BRIAN D. WOLFE

3/30/04 (813) 964 0967

Date

Daytime Phone #