

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000072790

1. Entity Name  
SOUTH FLORIDA ARCHITECTURAL ASSOCIATES, INC.



Principal Place of Business

5881 PAINTED LEAF LANE  
NAPLES, FL 34116 US

Mailing Address

5881 PAINTED LEAF LANE  
NAPLES, FL 34116 US

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**



**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0706946

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORD, SCOTTY A.  
5881 PAINTED LEAF LANE  
NAPLES, FL 34116

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WAINSCOTT, DAVID  
5881 PAINTED LEAF LANE  
NAPLES, FL 34116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FORD, SCOTTY A  
PO BOX 990381  
NAPLES, FL 34116

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

U00000318367  
04/20/05-80056-020 150.00

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTTY A FORD  
PRESIDENT

01/19/2005

Date

239-353-1015

Daytime Phone #