

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103171

**FILED**  
**Jan 11, 2005**  
**Secretary of State**

**Entity Name:** TRACY ARCHITECTURAL GROUP, INC.

**Current Principal Place of Business:**

5028 MISTY MORN ROAD  
WEST PALM BEACH, FL 33418

**New Principal Place of Business:**

1511 PROSPERITY FARMS ROAD  
SUITE 200  
LAKE PARK, FL 33403

**Current Mailing Address:**

5028 MISTY MORN ROAD  
WEST PALM BEACH, FL 33418

**New Mailing Address:**

5028 MISTY MORN ROAD  
PALM BEACH GARDENS, FL 33418

FEI Number: 65-0714191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRACY, WILLIAM P  
5028 MISTY MORN ROAD  
PALM BEACH GARDENS, FL 33418 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRACY, WILLIAM P  
Address: 5028 MISTY MORN RD  
City-St-Zip: WEST PALM BEACH, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM TRACY

P

01/11/2005

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

\_\_\_\_\_ Date