
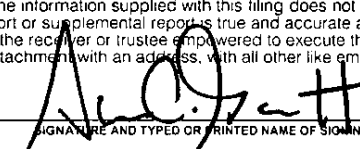


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90008 007 \*\*\*158.75

<b>DOCUMENT # P97000003452</b> 1. Entity Name <b>THE GANTT PARTNERSHIP / ARCHITECTS, P.A.</b>					
Principal Place of Business <b>1225 B NORTH ORANGE AVE. ORLANDO, FL 32804</b>			Mailing Address <b>1225 B NORTH ORANGE AVE. ORLANDO, FL 32804</b>		
2. Principal Place of Business - No P.O. Box # <b>2015 Gerda Terrace</b>		3. Mailing Address <b>2015 Gerda Terrace</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-3419120</b>	
Zip <b>32804</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GANTT, SUSAN C 1225 B NORTH ORANGE AVE. ORLANDO, FL 32804</b>		7. Name and Address of New Registered Agent Name <b>Gantt, Susan C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2015 Gerda Terrace</b> City <b>Orlando</b> FL      Zip Code <b>32804</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GANTT, EDMUND P 1225 B NORTH ORANGE AVE. ORLANDO, FL 32804 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gantt, Edmund P. 2015 Gerda Terrace Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GANTT, SUSAN C 1225 B NORTH ORANGE AVE. ORLANDO, FL 32804 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gantt, Susan C. 2015 Gerda Terrace Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 			3-5-07      407-420-1497		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		