


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90002 045 \*\*\*150.00

<b>DOCUMENT # P97000046637</b>	
1. Entity Name <b>DAVIS ARCHITECTURE, INC.</b>	

Principal Place of Business <b>3467 W. HILLSBORO BLVD. #3 DEERFIELD BEACH, FL 33442 US</b>	Mailing Address <b>3467 W. HILLSBORO BLVD. #3 DEERFIELD BEACH, FL 33442 US</b>
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**54062356**



2. Principal Place of Business <b>639 EAST OCEAN AVENUE</b>	3. Mailing Address <b>639 EAST OCEAN AVENUE</b>
Suite, Apt. #, etc. <b>SUITE 406</b>	Suite, Apt. #, etc. <b>SUITE 406</b>

07052004 Chg-P CR2E034 (10/03)

City & State <b>BOYNTON BEACH, FL</b>	City & State <b>BOYNTON BEACH, FL</b>
Zip <b>33435</b>	Country <b>USA</b>

4. FEI Number <b>65-0753766</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>THOMAS, DONALD ESQ 1200 N FEDERAL HWY SUITE 312 BOCA RATON, FL 33432</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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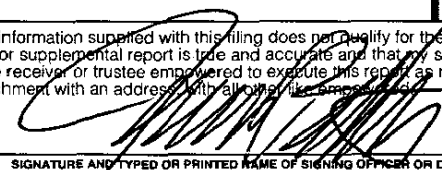
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES BARRETTA, JAMES T 3467 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>639 EAST OCEAN AVENUE, SUITE 405 BOYNTON BEACH, FLA 33435</b> <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
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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 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 changes.	
SIGNATURE: 	<b>JAMES T. BARRETTA</b> 7/10/04 (561) 740-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #