

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000092640

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** THE ARCHITECTURAL PRACTICE, INC.

**Current Principal Place of Business:**

13057 W. LINEBAUGH AVENUE  
101  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

13057 W. LINEBAUGH AVENUE  
101  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 59-3475017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZAYAN, MOHAMED A  
16329 BIRKDALE DR  
ODESSA, FL 33556 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: ZAYAN, MOHAMED A  
Address: 16329 BIRKDALE DR  
City-St-Zip: ODESSA, FL 33556

Title: SVP  
Name: GOTTSCHALK, PETER M  
Address: 4824 KING LAKE DR.  
City-St-Zip: LAND O' LAKES, FL 34639

I hereby 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 all other like empowered.

SIGNATURE: MOHAMED A. ZAYAN

PST

02/03/2011

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

\_\_\_\_\_  
Date