


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90145 004 ***150.00

DOCUMENT # P97000097771 1. Entity Name IRENE S. ROGES, ARCHITECT, P.A.					
Principal Place of Business 7021 CYPRESS BRIDGE DRIVE NORTH PONTE VEDRA BEACH, FL 32082			Mailing Address 7021 CYPRESS BRIDGE DRIVE NORTH PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business 49 VALENCIA STREET Suite, Apt. #, etc.		3. Mailing Address 49 VALENCIA STREET Suite, Apt. #, etc.			
City & State ST. AUGUSTINE		City & State ST. AUGUSTINE		4. FEI Number 59-3480845	
Zip 32084		Country ST. JOHN'S		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGES, IRENE S 7021 CYPRESS BRIDGE DRIVE NORTH PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name ROGES, IRENE S. Street Address (P.O. Box Number is Not Acceptable) 49 VALENCIA STREET City ST. AUGUSTINE FL Zip Code 32084		
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 <u><i>Irene S. Roges</i></u> FEB/11/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROGES, IRENE S 7021 CYPRESS BRIDGE DRIVE NORTH PONTE VEDRA BEACH, FL 32082		<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"/> Change <input type="checkbox"/> Addition		
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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 empowered.					
SIGNATURE: <u><i>Irene S. Roges</i></u> FEB/11/2005 (904) 829 6443 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					