

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000003431

FILED
Nov 09, 2009
Secretary of State**Entity Name:** RICK SWISHER, ARCHITECT INC.**Current Principal Place of Business:**2693 W FAIRBANKS AVENUE
WINTER PARK, FL 32789**New Principal Place of Business:****Current Mailing Address:**2693 W FAIRBANKS AVENUE
WINTER PARK, FL 32789**New Mailing Address:****FEI Number:** 59-3488240**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SWISHER, RICK
2693 W FAIRBANKS AVENUE SUITE B
WINTER PARK, FL 32789 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: PD () Delete
Name: SWISHER, RICK
Address: 2693 W FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: STD () Delete
Name: SWISHER, CINDY
Address: 2693 W FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VD () Delete
Name: ACOMB, DAVID J
Address: 2693 W FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DE () Change (X) Addition
Name: BARNEY, ADAM J
Address: 2693 W. FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CINDY SWISHER

STD

11/09/2009

Electronic Signature of Signing Officer or Director_____
Date