

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000054693
 1. Entity Name
ARCHITECTURAL SUPPORT SERVICES, INC.



Principal Place of Business 5243 BLACKJACK CIR PUNTA GORDA, FL 33982	Mailing Address 5243 BLACKJACK CIR PUNTA GORDA, FL 33982
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DO NOT WRITE IN THIS SPACE



04082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0845632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 FABER, IAN
 5243 BLACKJACK CIR
 PUNTA GORDA, FL 33982

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

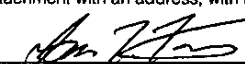
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABER, DEBBIE 5243 BLACKJACK CIRCLE PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FABER, IAN 5243 BLACKJACK CIR PUNTA GORDA, FL 33982
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 04/27/07-80021-016 150.00

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 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:  **4-A-07 (941) 505-7724**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #