




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90381 011 ***150.00

DOCUMENT # P99000084715 1. Entity Name BUILDINGSNOW.COM ARCHITECTURE ON THE FAST TRACK, INC.					
Principal Place of Business 7801 SANDY JOAN BLVD., STE. 400 FT. MYERS, FL 33907				Mailing Address 7801 SANDY JOAN BLVD., STE. 400 FT. MYERS, FL 33907	
2. Principal Place of Business 7800 University Pointe Drive Suite, Apt. #, etc. Suite 400 City & State Fort Myers, FL Zip 33907		3. Mailing Address 7800 University Pointe Drive Suite, Apt. #, etc. Suite 400 City & State Fort Myers, FL Zip 33907			
Country USA		Country USA		01072004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0953290				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEELEY, MICHAEL K AIA 7801 SANDY JOAN BLVD., STE. 400 FT. MYERS, FL 33907			7. Name and Address of New Registered Agent Name Michael K. Sheeley, AIA Street Address (P.O. Box Number is Not Acceptable) 7800 University Pointe Drive Suite 400 City Fort Myers		
FL			Zip Code 33907		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P SHEELEY, MICHAEL 15960 CINDY LANE FORT MYERS, FL 33908		<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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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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael K. Sheeley		
			Date 4-28-04		
			Daytime Phone # 239-482-2424		