



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90197 007 \*\*\*158.75

<b>DOCUMENT # S04150</b>					
<b>1. Entity Name</b> COOPER JOHNSON SMITH ARCHITECTS, INC.					
<b>Principal Place of Business</b> 102 S 12 ST TAMPA, FL 33602 US			<b>Mailing Address</b> 102 S 12 ST TAMPA, FL 33602 US		
<b>2. Principal Place of Business</b> 102 South 12th. Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 102 South 12th. Street Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa, FL Zip 33602 Country US		<b>City &amp; State</b> Tampa, FL Zip 33602 Country US		05122005 Chg-P CR2E034 (10/03)	
<b>4. FEI Number</b> 59-3032074				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COOPER, DONALD SUMMERS 102 S 12TH ST TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name Cooper, Donald Summers Street Address (P.O. Box Number is Not Acceptable) 102 South 12th. Street City Tampa FL Zip Code 33602		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				(NOTE: Registered Agent signature required when reinstating) 5/12/05 <small>DATE</small>	
<b>FILE NOW FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S. the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST- ZIP</b>	<b>PD</b> COOPER, DONALD SUMMERS 2911 WEST CHAPIN AVENUE TAMPA, FL, 33602	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST-ZIP</b>	<b>VD</b> SMITH, STEPHEN FROST 2816 W TERRACE DR TAMPA, FL 33609	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST- ZIP</b>	<b>SD</b> JOHNSON, ALFRED DOUGLAS 3112 W FAIR OAKS AVE TAMPA, FL 33611	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST- ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST- ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST- ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Don Cooper</i>		DONALD S. COOPER PRES/DIRECTOR		05/12/05 813-273-0034	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Display Photo If</small>	