


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # S04150 1. Entity Name COOPER JOHNSON SMITH ARCHITECTS, INC.	
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Principal Place of Business 102 S 12 ST TAMPA, FL 33602 US	Mailing Address 102 S 12 ST TAMPA, FL 33602 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3032074	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 COOPER, DONALD SUMMERS 102 S 12TH ST TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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	PD COOPER, DONALD SUMMERS 2911 WEST CHAPIN AVENUE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, STEPHEN FROST 2816 W TERRACE DR TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, ALFRED DOUGLAS 3112 W FAIR OAKS AVE TAMPA, FL 33611
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/06-80031-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALFRED DOUGLAS JOHNSON / Sec/D

1/10/2006 813/ 273-0034 X 12