

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90163 050 ***150.00

DOCUMENT # S17012

1. Entity Name
FRED LADWIG ARCHITECT, P.A.



Principal Place of Business
**14147 GREENTREE TRL
WELLINGTON, FL 33414 US**

Mailing Address
**14147 GREENTREE TRL
WELLINGTON, FL 33414 US**

40059325



2. Principal Place of Business - No P.O. Box # **12765 W. FOREST HILL BLVD** 3. Mailing Address **12765 W. FOREST HILL BLVD**

Suite, Apt. #, etc.
1312

Suite, Apt. #, etc.
1312

04102007 Chg-P CR2E034 (12/06)

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number
65-0239114

Applied For
☐ Not Applicable

Zip **33414** Country **USA**

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEIDLER LADWIG, PATTI
12765 W FOREST HILL BLVD
SUITE 1312
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**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	D LADWIG, FRED 14147 GREENTREE TRAIL WELLINGTON, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	12765 W. FOREST HILL BLVD #1312 WELLINGTON, FL 33414	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: **FRED LADWIG** **FRED LADWIG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 **EXL 3333353**
Date Daytime Phone #