

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90167 001 ***158.75

DOCUMENT # V19819

1. Entity Name
ROWE ARCHITECTS, INCORPORATED



Principal Place of Business

**100 MADISON STREET
STE 200
TAMPA, FL**

Mailing Address

**100 MADISON STREET
STE 200
TAMPA, FL**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3113831

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILDER, LARRY
100 MADISON STREET
SUITE 200
TAMPA, FL 33602**

Name **Hammer, Thomas A.**

Street Address (P.O. Box Number is Not Acceptable)

100 Madison St. Suite 200

City **Tampa**

FL **33602**

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 **Thomas A. Hammer** **Thomas A. Hammer 04.30.04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **STD
HAMMER, THOMAS A.** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **2936 LAWN AVE.
TAMPA, FL**

TITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **DVCP
ROWE, RICK** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **68 ADALIA AVE
TAMPA, FL 33606**

TITLE
NAME **P-DC
Rick Rowe** ☒ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas A. Hammer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #