

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L10437

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC4796083533**

**Entity Name:** SMP ARCHITECTURE, P.A.

**Current Principal Place of Business:**

40 S PALAFOX PL  
SUITE 202  
PENSACOLA, FL 32502

**Current Mailing Address:**

P.O. BOX 729  
PENSACOLA, FL 32591 US

**FEI Number:** 59-2960962

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPENCER, BRIAN  
40 S PALAFOX PL  
SUITE 202  
PENSACOLA, FL 32502 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            SPENCER, BRIAN K.  
Address        40 S PALAFOX PL STE 202  
City-State-Zip: PENSACOLA FL 32502

Title            D  
Name            MAXWELL, RANDOLPH P  
Address        40 S PALAFOX PL STE 202  
City-State-Zip: PENSACOLA FL 32502

Title            D  
Name            PARTINGTON, PHILIP D  
Address        40 S PALAFOX PL STE 202  
City-State-Zip: PENSACOLA FL 32502

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RANDOLPH MAXWELL

**VP**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date