

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000051307

**Entity Name:** ARCHITECTURAL INTERMEZZO CORPORATION

**Current Principal Place of Business:**

8429 LORRAINE ROAD  
SUITE 347  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8429 LORRAINE ROAD  
SUITE 347  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 85-3717540

**Certificate of Status Desired:** Yes

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

COURIE, KIMBERLY  
8429 LORRAINE ROAD  
SUITE 347  
LAKEWOOD RANCH, FL 34202 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 P  
Name COURIE, KIMBERLY  
Address 8429 LORRAINE ROAD, SUITE 347  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title S  
Name COURIE, KIMBERLY  
Address 8429 LORRAINE ROAD, SUITE 347  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title CERTIFIED GENERAL CONTRACTOR  
Name MELLOR, VICTOR G  
Address 10980 HUGHEY KIMAL DR.  
AMERICAN PRECAST LLC  
City-State-Zip: VENICE FL 34292

Title CFO  
Name COURIE, KIMBERLY  
Address 8429 LORRAINE ROAD, SUITE 347  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** KIMBERLY COURIE

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date