


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 845910
 1. Entity Name
 HKS ARCHITECTS, INC.



Principal Place of Business 1919 MCKINNEY AVE. DALLAS, TX 75201-1753 US	Mailing Address 1919 MCKINNEY AVE. DALLAS, TX 75201-1753 US
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DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1082838	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

04/27/05-80169-019 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SKAGGS, RONALD L. 5229 WINDJAMMER PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKINS, H. RALPH 3301 HIDALGO IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSKUHL, C. JOE 11615 HIGH FOREST DALLAS, TX 75230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DESANTIS, NUNZIO M 4911 BROOKVIEW DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: H. Ralph Hawkins H. Ralph Hawkins 4/18/05 214.969.5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #