


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90180 021 ***158.75

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKAGGS, RONALD L.		NAME		
STREET ADDRESS	5229 WINDJAMMER		STREET ADDRESS		
CITY-ST-ZIP	PLANO, TX 75093		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, H. RALPH		NAME		
STREET ADDRESS	3301 HIDALGO		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75062		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSKUH, C. JOE		NAME	J. Craig Beale	
STREET ADDRESS	11615 HIGH FOREST		STREET ADDRESS	3425 Hanover	
CITY-ST-ZIP	DALLAS, TX 75230		CITY-ST-ZIP	Dallas, TX 75225	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESANTIS, NUNZIO M		NAME		
STREET ADDRESS	4911 BROOKVIEW		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75220		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>H. Ralph Hawkins</u>		H. Ralph Hawkins		4/24/06	
SIGNATURE TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				214.969.5599	

ATTACHMENT

Remittance Advice

Monday, April 24, 2006 - 5:52:34 PM

To Florida Department of State
Division Of Corporations
PO Box 1500
Tallahassee, FL 32301-1500

40066106

Vendor Number 0004561
Check Number 167682
Check Date 4/24/06

Invoice Number	Date	Voucher	Amount	Project	G/L Account	Net Amount
845910	4/21/06	0334686	158.75	00001.010	773.00	158.75
Totals			158.75			158.75

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HKS ARCHITECTS, INC. - DOCUMENT NO. 845910

FILING FEE \$150.00
(1) CERTIFICATE OF STATUS 8.75
\$ 158.75