


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90101 006 \*\*\*150.00

**DOCUMENT # F95000005373**

1. Entity Name  
**SCOTT & GOBLE ARCHITECTS, INC.**



Principal Place of Business      Mailing Address  
**1437 S. BOULDER SUITE 800**      **1437 S. BOULDER SUITE 800**  
**TULSA, OK 74119**      **TULSA, OK 74119**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04082008      Chg-P      CR2E034 (12/06)

4. FEI Number  
**73-1466773**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-0000**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<del>PD</del> SCOTT, DALE H	<input type="checkbox"/> Delete
NAME	208 HICKORY HILL ROAD	
STREET ADDRESS	SAPULPA, OK 74066	
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	BOURGEOIS, SANDRA B	
STREET ADDRESS	9123 S FLORENCE PLACE	
CITY-ST-ZIP	TULSA, OK 74137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAY, HARRY P	
STREET ADDRESS	3314 E. 51ST SUITE 217	
CITY-ST-ZIP	TULSA, OK 74135	
TITLE	<del>PD</del> GOBLE, CHRISTOPHER B	<input type="checkbox"/> Delete
NAME	4203 S 69TH WEST AVENUE	
STREET ADDRESS	TULSA, OK 74107	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**  **CHRISTOPHER GOBLE/PRESIDENT**      4.9.2008      918.587.8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #