


**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 \_\_\_\_\_ (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> <input type="checkbox"/> Delete
NAME	<b>SCOTT, DALE H</b>
STREET ADDRESS	<b>208 HICKORY HILL ROAD</b>
CITY-ST-ZIP	<b>SAPULPA, OK 74066</b>
TITLE	<b>DST</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BOURGEOIS, SANDRA B</b>
STREET ADDRESS	<b>9123 S FLORENCE PLACE</b>
CITY-ST-ZIP	<b>TULSA, OK 74137</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>LAY, HARRY P</b>
STREET ADDRESS	<b>3314 E. 51ST SUITE 217</b>
CITY-ST-ZIP	<b>TULSA, OK 74135</b>
TITLE	<del>PD</del> <input type="checkbox"/> Delete
NAME	<b>GOBLE, CHRISTOPHER B</b>
STREET ADDRESS	<b>4203 S 69TH WEST AVENUE</b>
CITY-ST-ZIP	<b>TULSA, OK 74107</b>
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**      **918.587.2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #