2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 355684 1. Entity Name

KBJ ARCHITECTS, INC.

05 JUL -6 AM 9: 45

SECRETARY OF STATE DIVISION OF CORPORATIONS

Principal Place of Business

510 JULIA STREET JACKSONVILLE, FL 32202 Mailing Address

510 JULIA STREET JACKSONVILLE, FL 32202



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4.	FEI Number			Applied For
•	59-1277189			Not Applicable
5.	Certificate of Status Desired	×	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAYLOR, WALTER Q 510 JULIA STREET JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

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 Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			_			
TITLE NAME STREET ADDRESS CITY-ST-2IP	SD MORRIS, WILLIAM T. 510 JULIA STREET JAX, FL 32202			000057476540 07/14/0501060004 **[58.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKWOOD, CRAIG 510 JULIA ST JAX, FL 32202			UKI	4/USUIU6UUU4 ** IS8./S			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENSING, THOMAS K. 510 JULIA ST JACKSONVILLE, FL 32202			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-SI-ZIP								
12. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the same legal effect as if made under oath; that I am an officer or director 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 god, or on an attachment with an address, with all the empowered.								

IG OFFICER OR DIRECTOR