

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 355684

Entity Name: KBJ ARCHITECTS, INC.

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

510 NORTH JULIA STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

510 NORTH JULIA STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-1277189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MORRIS, WILLIAM T  
510 NORTH JULIA STREET  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRIN  
Name: MORRIS, WILLIAM T.  
Address: 510 NORTH JULIA ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: PRIN  
Name: KIRKWOOD, CRAIG  
Address: 510 NORTH JULIA ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: PRIN  
Name: RENSING, THOMAS K.  
Address: 510 NORTH JULIA ST  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM T. MORRIS

PRIN

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date