


2004 FOR PROFIT CORPORATION ANNUAL REPORT

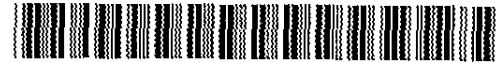
FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000000771
 1. Entity Name
GNF ARCHITECTS AND ENGINEERS, P.S.C.



Principal Place of Business Mailing Address
10 QUALITY ST **10 QUALITY ST**
LEXINGTON, KY 40507 **LEXINGTON, KY 40507**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
61-1226642 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000165536
 07/12/04-80020-014 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRAY, FRANKLIN N 219 S. HANOVER LEXINGTON, KY 40502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUSSEF, NASR 4946 CASTLE LAWN PLACE LEXINGTON, KY 40515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLER, WAYNE 3120 BLENHEIM WAY LEXINGTON, KY 40508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOPP, DENNIS 605 GOLFTOWN CIR. LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a power of attorney.

SIGNATURE: [Signature] Date: 04 June 2004 Daytime Phone #: 859.227.0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR