


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000001751 1. Entity Name H AND M ARCHITECTS/ENGINEERS, INC.	
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Principal Place of Business 50 SECURITY DRIVE 2ND FLOOR JACKSON, TN 38305	Mailing Address 50 SECURITY DRIVE 2ND FLOOR JACKSON, TN 38305
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1767152	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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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**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 Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OWENS, BERNARD J 2041 CRESTVIEW DRIVE JACKSON, TN 38305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BURNS, ROBERT M 15122 CATHLEEN COVE MILAN, TN 38358
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FARRIS, MICHAEL 957 PIPKIN ROAD JACKSON, TN 38305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FITE, C D 89 STONEHAVEN DRIVE JACKSON, TN 38305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, JIM 100 CHARLESTON PLACE JACKSON, TN 38305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FITE, RICHARD L 73 MCCLELLAN ROAD JACKSON, TN 38305

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IN THIS SPACE**

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01/20/05-80044-014 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: B. J. Owens **Bernard J. Owens** (731) 664-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #