

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001751

FILED
Jan 14, 2008
Secretary of State

Entity Name: H AND M ARCHITECTS/ENGINEERS, INC.

Current Principal Place of Business:

50 SECURITY DRIVE
2ND FLOOR
JACKSON, TN 38305

New Principal Place of Business:

Current Mailing Address:

50 SECURITY DRIVE
2ND FLOOR
JACKSON, TN 38305

New Mailing Address:

FEI Number: 62-1767152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OWENS, BERNARD J
Address: 2041 CRESTVIEW DRIVE
City-St-Zip: JACKSON, TN 38305

Title: V () Delete
Name: BURNS, ROBERT M
Address: 15122 CATHLEEN COVE
City-St-Zip: MILAN, TN 38358

Title: ST () Delete
Name: FARRIS, MICHAEL
Address: 957 PIPKIN ROAD
City-St-Zip: JACKSON, TN 38305

Title: CD () Delete
Name: FITE, C D
Address: 89 STONEHAVEN DRIVE
City-St-Zip: JACKSON, TN 38305

Title: D () Delete
Name: CAMPBELL, JIM
Address: 100 CHARLESTON PLACE
City-St-Zip: JACKSON, TN 38305

Title: D () Delete
Name: FITE, RICHARD L
Address: 73 MCCLELLAN ROAD
City-St-Zip: JACKSON, TN 38305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BERNARD J., OWENS

PD

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date