

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06198

Entity Name: PQH ARCHITECTS, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

4141 SOUTHPOINT DR. E.
SUITE 200
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4141 SOUTHPOINT DR. E.
SUITE 200
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-2228220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, JOSE M
7717 WILDWOOD WAY
JACKSONVILLE, FL 32256 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: PTS () Delete
Name: PEREZ, JOSE M
Address: 7717 WILDWOOD WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: QUINONES, RICARDO E
Address: 12719 PLUMMER GRANT ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: V () Delete
Name: HOENSHEL, ROBERT D
Address: 1384 SAN MATEO AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: LEWIS, KIERSTEN L
Address: 2340 CROOKED PINE LANE
City-St-Zip: ORANGE PARK, FL 32003 US

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:

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: JOSE M PEREZ

PTS

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date