


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # H00103	
1. Entity Name KENNETH SMITH ARCHITECTS, INC.	

Principal Place of Business 8301 CYPRESS PLAZA DR., #203 JACKSONVILLE, FL 32256	Mailing Address 8301 CYPRESS PLAZA DR., #203 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2399045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, KENNETH R.
8301 CYPRESS PLAZA DRIVE
#203
JACKSONVILLE, FL 32256

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000629198 02/16/07-80047-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSC SMITH, KENNETH R. 8301 CYPRESS PLAZA DRIVE, #203 JACKSONVILLE, FL 32256
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kenneth R. Smith **KENNETH R. SMITH** 1-29-07 904-231-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #