

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # J31950

Entity Name
JUNCK & WALKER ARCHITECTS/PLANNERS, INC.



Principal Place of Business
**8111 OLD KINGS ROAD S
STE #2A - BLDG #2
JACKSONVILLE, FL 32217 US**

Mailing Address
**8111 OLD KINGS ROAD S
STE #2A - BLDG #2
JACKSONVILLE, FL 32217 US**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-2710956

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANT, ABRAHAM, REITER, MCCORMICK & GREENE
20 NORTH LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202**

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IN THIS SPACE**

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 constituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

01/30/06-80047-012 150.00

OFFICERS AND DIRECTORS

DP
**JUNCK, FORREST A.
8111 OLD KINGS ROADS, SUITE 2A, BLDG 2
JACKSONVILLE, FL 32217**

VSD
**WALKER, CHARLES R.
8111 OLD KINGS RD S, SUITE 2-A, BLDG 2
JACKSONVILLE, FL 32217**

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06

904-731-4033
Daytime Phone #