

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000076612

1. Entity Name
ABI ARCHITECTS, INC.



Principal Place of Business
9400 N. BROADWAY
SUITE 300
OKLAHOMA CITY, OK 73114

Mailing Address
9400 N. BROADWAY
SUITE 300
OKLAHOMA CITY, OK 73114

DO NOT WRITE IN THIS SPACE

**FILED
Apr 13, 2005 8:00 am
Secretary of State**

04-13-2005 90032 021 ***158.75

20031130



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0013562	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

X

TITLE D
NAME BENHAM, WEBSTER III
STREET ADDRESS 9400 N.BROADWAY, Suite 300
CITY-ST-ZIP OKLAHOMA CITY, OK 73114

X

TITLE DP
NAME KASTENS, ROBERT H
STREET ADDRESS G/O ATKINS BENHAM, INC, 9400 N. BROADWAY, Suite 300
CITY-ST-ZIP OKLAHOMA CITY, OK 73114

X

TITLE S
NAME WOODY, DENNIS C
STREET ADDRESS 9400 N. BROADWAY, Suite 300
CITY-ST-ZIP OKLAHOMA CITY, OK 73114

X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/6/05

Date

405-478-5353

Daytime Phone #