

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P07770

1. Entity Name
**HAYNES WHALEY ASSOCIATES, INC. STRUCTURAL
ENGINEERING**



Principal Place of Business
**2000 WEST SAM HOUSTON PKWY SOUTH
1800
HOUSTON, TX 77042**

Mailing Address
**2000 WEST SAM HOUSTON PKWY SOUTH
1800
HOUSTON, TX 77042**



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-1859178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, and familiar with, and accept the obligations of registered agent.

07/16/07-80009-008 150.00

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAYNES, ROBERT E. 2000 WEST SAM HOUSTON PKWY SOUTH 1800 HOUSTON, TX 77042
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROHRER, JOHN D. 2000 WEST SAM HOUSTON PKWY SOUTH 1800 HOUSTON, TX 77042
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V THOMPSON, MARK A. 2000 WEST SAM HOUSTON PKWY SOUTH 1800 HOUSTON, TX 77042
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WHALEY, LARRY E. 2000 WEST SAM HOUSTON PKWY SOUTH 1800 HOUSTON, TX 77042
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-07 **713 454-7610**
Date Daytime Phone #