


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P13688 1. Entity Name MORRIS*ARCHITECTS INC.	
---	---

Principal Place of Business 1001 FANNIN STE 300 HOUSTON, TX 77002	Mailing Address 1001 FANNIN STE 300 HOUSTON, TX 77002
---	---

**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0199271	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

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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000816146 02/14/08-80037-018 150.00
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CHAMBERS, RICHARD 4521 PALMETTO BELLAIRE, TX 77401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE HUDSON, CHRIS A 4810 FLORENCE BELLAIRE, TX 77401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, MICHAEL M 2929 BUFFALO SPEEDWAY #502 HOUSTON, TX 77098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, WALT 622 E WASHINGTON ST STE 500 ORLANDO, FL 328012938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOI, GERALD 718 CAMARAGUE PLACE #206 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALTERGOTT, GARY 4919 LOCH LOMOND HOUSTON, TX 77096

**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: Cham A. Hudson 1-29-08 713/622-1180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone