

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90235 050 \*\*\*158.75

<b>DOCUMENT # P95000020355</b>	
1. Entity Name REYNOLDS, SMITH AND HILLS CS, INCORPORATED	



Principal Place of Business 300 SOUTH PINE ISLAND ROAD SUITE 300 PLANTATION, FL 33324-2619 US	Mailing Address 10748 DEERWOOD PARK BLVD. SUITE 300 JACKSONVILLE, FL 32256
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2. Principal Place of Business 3670 Maguire Blvd.	3. Mailing Address
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Suite, Apt. #, etc. Suite 310	Suite, Apt. #, etc.
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City & State Orlando, FL 32803	City & State
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Zip 32803	Country	Zip	Country
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04202005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0577658	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERTSON, DAVID K 10748 DEERWOOD PARK BLVD. SOUTH JACKSONVILLE, FL 32256		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD ROBERTSON, DAVID K 10748 DEERWOOD PARK BLVD. SOUTH JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David J. Eberspacher 3670 Maguire Blvd, Ste. 310 Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, DALE A 300 SOUTH PINE ISLAND, SUITE 300 PLANTATION, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3670 Maguire Blvd., Ste. 310 Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JENKINS, LEERIE T JR. 10748 DEERWOOD PARK BLVD. SOUTH JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEIGER, DOUGLAS D 300 SOUTH PINE ISLAND ROAD SUITE 300 PLANTATION, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3670 Maguire Blvd., Ste. 310 Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP JACOBSON, KENNETH R 10748 DEERWOOD PARK BLVD. SOUTH JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRYDERMAN, CLARK W 300 SOUTH PINE ISLAND ROAD, STE 300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	Kenneth R. Jacobson, EVP	04-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 904-236-2116