

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020355

FILED
Apr 28, 2006
Secretary of State

Entity Name: REYNOLDS, SMITH AND HILLS CS, INCORPORATED

Current Principal Place of Business:

3670 MAGUIRE BLVD
SUITE 310
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

10748 DEERWOOD PARK BLVD.
SUITE 300
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 65-0577658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTSON, DAVID K
10748 DEERWOOD PARK BLVD. SOUTH
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTSD () Delete
Name: ROBERTSON, DAVID K
Address: 10748 DEERWOOD PARK BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD () Delete
Name: BARNES, DALE A
Address: 3670 MAGUIRE BLVD STE 310
City-St-Zip: ORLANDO, FL 32803

Title: CD () Delete
Name: JENKINS, LEERIE T JR.
Address: 10748 DERRWOOD PARK BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: GEIGER, DOUGLAS D
Address: 3670 MAGUIRE BLVE STE 310
City-St-Zip: ORLANDO, FL 32803

Title: EVP () Delete
Name: JACOBSON, KENNETH R
Address: 10748 DEERWOOD PARK BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: EBERSPEAKER, DAVID J
Address: 3670 MAGUIRE BLVD STE 310
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GEIGER, DOUGLAS D
Address: 3670 MAGUIRE BLVE STE 310
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: DAVIDSON, MARK A
Address: 3670 MAGUIRE BLVD STE 310
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH R. JACOBSON

EVP

04/28/2006

Electronic Signature of Signing Officer or Director

Date