2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb. 21, 2005 08:00 AM DOCUMENT # P96000100020 **Secretary of State** 1. Entity Name JACKSON KIRSCHNER ARCHITECTS & ASSOCIATES, Principal Place of Business Mailing Address 1435 HIGHLAND AVENUE 1435 HIGHLAND AVENUE MEBOURNE, FL 32935 US MEBOURNE, FL 32935 US 02152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4 FEI Number Applied For 59-3428569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6, Name and Address of Current Registered Agent ROGERS, RICHARD L DO NOT WRITE 1135 SOUTH WASHINGTON AVENUE SUITE A IN THIS SPACE TITUSVILLE, FL 32780 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME JACKSON, DAVID B 用间的形象名品为 10850 S. TROPICAL TRAIL STREET ADDRESS ዛሬና/17.65-3003/**-0**0f 150**.**00 CITY-ST-ZIP MERRITT ISLAND, FL 32952 TITLE KIRSCHNER, ANDREW S NAME 9 SPINAKER POINT WAY CT. STREET ADDRESS INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 all other like empowered. 321*-259-919*

SIGNATURE:

GNING OFFICER OR DIRECTOR

FILED