

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000100296	
1. Entity Name HASKELL ARCHITECTS AND ENGINEERS, P.A.	

Principal Place of Business 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202	Mailing Address 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3545494	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAX CO. C/O MCGUIRE, WOODS, BATTLE & BOOTHE LLP 50 NORTH LAURA ST. 3300 BARNETT CENTER JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000101546 04/02/04-80017-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGDAHL, DAVID L 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VARON, JOSEPH 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUHN, CHRISTIAN W 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 employees.

SIGNATURE: _____	Date _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

3-31-04 904-7914530