2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000100296

1. Entity Name
HASKELL ARCHITECTS AND ENGINEERS, P.A.

Principal Place of Business	Mailing Address
111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202	111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202

03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 & I
50 NORTH LAURA ST. 3300 BARNET
JACKSONVILLE, FL 32202

3.30.05
Please send "Cert. of Status Desired" to the attn. of
SARA K. Guthrie
HAE, P.A.
111 Riverside Ave
JAX. FL 32202
Thanks, SKG

DO NOT WRITE THIS SPACE

8. The above named entity submits this statemer r both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered a

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $5

10.	OFFICERS A
TITLE	PD
NAME	ENGDAHL, DAVID L
STREET ADDRESS	111 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	DVP
NAME	VARON, JOSEPH
STREET ADDRESS	111 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	S
NAME	KUHN, CHRISTIAN W
STREET ADDRESS	111 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000283588
04/01/05-80033-006 158.75

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: _____ 3.30.05 904-791-4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #