## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000100296

111 RIVERSIDE AVENUE

JACKSONVILLE, FL 32202

( ) Delete

Address

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Entity Na	me: HASKEI	L ARCHITECTS	AND ENGINEE	ERS, P.A.				
Current Principal Place of Business:				New Principal Place of Business:				
	RSIDE AVENU IVILLE, FL 32							
Current Mailing Address:				New Mailing Address:				
	RSIDE AVENU IVILLE, FL 32							
FEI Number: 59-3545494 FEI Num			plied For()	FEI Number Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
50 NORTH		S, BATTLE & BC 3300 BARNETT 202 US						
	e named entity e of Florida.	submits this stat	ement for the p	urpose of	changing it	s register	ed office or registered agent	t, or both,
SIGNATUI	RE:							
Electronic Signature of Registered Age				nt	t Date			
Election Ca	mpaign Financi	ng Trust Fund Cont	ribution ( ).					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD ( ENGDAHL, D/ 111 RIVERSII JACKSONVIL	DE AVENUE			Title: Name: Address: City-St-Zip:	111 RIVE	(X) Change ( ) Addition FRANCIS P RSIDE AVENUE VILLE, FL 32202	
Title: Name: Address: City-St-Zip:	DVP ( RAMSEY, DEI 111 RIVERSII JACKSONVIL	DE AVENUE			Title: Name: Address: City-St-Zip:	111 RIVE	(X) Change ( ) Addition DENISE M RSIDE AVENUE VILLE, FL 32202	
Title: Name:	S ( KUHN, CHRIS	) Delete TIAN W			Title: Name:	SD KUHN, CH	(X) Change ()Addition RISTIAN W	

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: FRANCIS P. MANGIN Ρ 04/26/2007

111 RIVERSIDE AVENUE

111 RIVERSIDE AVENUE

JACKSONVILLE, FL 32292

SKIRBST, PETER H

VPD

JACKSONVILLE, FL 32202

( ) Change (X) Addition