


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90025 034 ***150.00

DOCUMENT # F96000001364			
1. Entity Name KIRKLAND & ASSOCIATES ARCHITECTS, P.C.			
Principal Place of Business 4488 NORTH SHALLOWFORD ROAD SUITE 110 DUNWOODY, GA 30338		Mailing Address 4488 NORTH SHALLOWFORD ROAD SUITE 110 DUNWOODY, GA 30338	
2. Principal Place of Business - No P.O. Box # 3264 Medlock Bridge Rd.		3. Mailing Address 3264 Medlock Bridge Rd.	
Suite, Apt. #, etc. Suite #110		Suite, Apt. #, etc. Suite #110	
City & State Norcross, GA 30092		City & State Norcross, GA 30092	
Zip 30092	Country USA	Zip 30092	Country USA
4. FEI Number 58-1587135		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, PATRICK R	NAME	
STREET ADDRESS	4488 N. SHALLOWFORD RD., SUITE 110	STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY, GA 30338	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, HARRY H III	NAME	
STREET ADDRESS	4488 N. SHALLOWFORD RD., SUITE 110	STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY, GA 30338	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, JAMIE H	NAME	
STREET ADDRESS	2461 CRESCENT MOON LANE	STREET ADDRESS	
CITY-ST-ZIP	SNELLVILLE, GA 30078	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Patrick H. Kirkland</u>		Date: <u>FEB. 18, 2008</u> Daytime Phone #: <u>770-326-5333</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			