

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000001364

**Entity Name:** KIRKLAND & ASSOCIATES ARCHITECTS, P.C.

**FILED**  
**Feb 17, 2015**  
**Secretary of State**  
**CC8789325941**

**Current Principal Place of Business:**

3264 MEDLOCK BRIDGE RD  
SUITE 110  
NORCROSS, GA 30092

**Current Mailing Address:**

3264 MEDLOCK BRIDGE RD  
SUITE 110  
NORCROSS, GA 30092

**FEI Number: 58-1587135**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            KIRKLAND, PATRICK R  
Address        3264 MEDLOCK BRIDGE ROAD, SUITE  
                  110  
City-State-Zip: NORCROSS GA 30092

Title            T  
Name            MORGAN, HARRY HIII  
Address        3264 MEDLOCK BRIDGE ROAD, SUITE  
                  110  
City-State-Zip: NORCROSS GA 30092

Title            S  
Name            KIRKLAND, JAMIE H  
Address        3264 MEDLOCK BRIDGE ROAD, SUITE  
                  110  
City-State-Zip: NORCROSS GA 30092

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICK R. KIRKLAND**

**PRESIDENT**

**02/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date