2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2004 08:00 AM Secretary of State DOCUMENT # F01000006059 Entity Name CE ENGINEERING CORP. Principal Place of Business Mailing Address COMPREHENSIVE ENGINEERING COMPREHENSIVE ENGINEERING 4653 PLAINFIELD AVE NE 4653 PLAINFIELD AVE NE GRAND RAPIDS, MI 49525 GRAND RAPIDS, MI 49525 02262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3110758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired _ _ _ Fee Required 6. Name and Address of Current Registered Agent **BUSINESS FILINGS INCORPORATED** DO NOT WRITE 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title # applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 U00U00071969 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 33/01/04**~80093-007 150.0**0 OFFICERS AND DIRECTORS 10. TITLE ROMSEK, STEVEN R PE NAME STREET ADDRESS 4653 PLAINFIELD AVE NE GRAND RAPIDS, MI 49525 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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 a other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

STEVE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN R ROMSEK

2-26-04

616-365-9933

Daytime Phone #

FILED