


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000006454**

1. Entity Name  
**ACADIAN ENGINEERS & ENVIRONMENTAL CONSULTANTS INC**



Principal Place of Business  
**1601 AMAZON STREET  
 EUNICE, LA 70535**

Mailing Address  
**PO BOX 1126  
 EUNICE, LA 70535**

**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**72-1158318**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC.  
 92 SADBERRY ROAD  
 QUINCY, FL 32351**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP AUCOIN, STEWART A 1601 AMAZON STREET EUNICE, LA 70535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUCOIN, KAREN V 1601 AMAZON STREET EUNICE, LA 70535
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 03/04/06 80049-016 150.00

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:  **ANDRE AUCOIN** Date: **1-23-06** Daytime Phone #: **337-457-1492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR