

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90022 046 \*\*\*150.00

20023205



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |                                                                                  |                                                                                                                                                                                    |                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000055372</b><br>1. Entity Name<br><b>FOUR CORNERS ENGINEERING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                 |                                                                                  |                                                                                                                                                                                    |                                                                                                                                                              |  |
| Principal Place of Business<br><b>50 OCEAN WAY DR<br/>PONCE INLET, FL 32127</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |                                                                                  | Mailing Address<br><b>50 OCEAN WAY DR<br/>PONCE INLET, FL 32127</b>                                                                                                                |                                                                                                                                                              |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 | 3. Mailing Address                                                               |                                                                                                                                                                                    |                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 | Suite, Apt. #, etc.                                                              |                                                                                                                                                                                    |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 | City & State                                                                     |                                                                                                                                                                                    |                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                         | Zip                                                                              | Country                                                                                                                                                                            | 4. FEI Number <b>20-3164304</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                 |                                                                                  |                                                                                                                                                                                    | <b>\$8.75 Additional Fee Required</b>                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCMULLEN, WALTER J<br/>50 OCEAN WAY DR<br/>PONCE INLET, FL 32127</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                                                  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                  |                                                                                                                                                                                    |                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                    | <b>\$5.00 May Be Added to Fees</b>                                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                              |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>MCMULLEN, WALTER J</b><br><b>50 OCEAN WAY DR</b><br><b>PONCE INLET, FL 32127</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>P/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>McMullen, Walter J.</b><br><b>50 Ocean Way Dr.</b><br><b>Ponce Inlet, FL 32127</b> |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |                                                                                                                                                              |  |
| 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: <i>Walter J. McMullen</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 | 3/27/06                                                                          |                                                                                                                                                                                    | 386-767-7250                                                                                                                                                 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 | <small>Date</small>                                                              |                                                                                                                                                                                    | <small>Daytime Phone #</small>                                                                                                                               |  |

ATTACHMENT

20023205

Law Offices of

**H. Charles Woerner, Jr., P.A.**  
**Attorney & Counselor At Law**

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2001 South Ridgewood Avenue  
South Daytona, Florida 32119

March 28, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

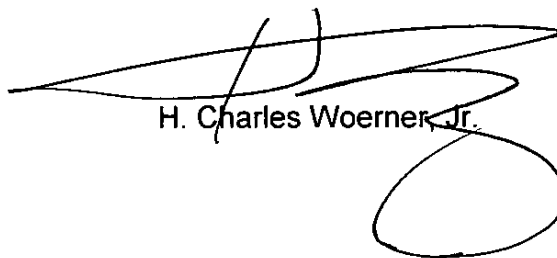
RE: Four Corners Engineering, Inc.  
Document #P05000055372

To Whom It May Concern:

Enclosed is the 2006 For Profit Corporation Annual Report for Four Corners Engineering, Inc. as referenced above, together with Four Corners Engineering check number 1395 in the amount of \$150.00 for the fee to file same.

Thank you for your attention to this matter.

Very truly yours,



H. Charles Woerner, Jr.

HCWjr/dz  
Enclosures