2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 03, 2006 08:00 AM Secretary of State

ANNUAL REPURS				-	Secre	etary of State
DOCU	MENT # P96000075				v	
1. Entity Nan SHEA EN	THE NGINEERING SERVICES, IN	C.				
				}		
Principal Plac	ce of Business	Mailing Address]		
	TH TRAIL NORTH	15734 1 13TH TRAIL NORTH		1		
JUPHER, FL	33478-6717	JUPITER, FL 33478-6717				
					1202 ANN 1200 ANN 120	N 8800 (1998) B. W. (Bre: (Bre: (Bre: (Bree)))
}						
		CE	1			
r	O NOT WRITE		04292006	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe		Applied For
				65-070	2478	Not Applicable
				3. Cartiticate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	}			
SHEA, GA	ARY.	}		NOT) June 1 miles bear	
15734 113TH TRAIL NORTH			DO NOT WRITE			
JUPITER, FL 33478-6717			IN THIS SPACE			
						,
			<u> </u>			
 The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. 						
SIGNATURE Signature typed or printed name of registered agent and title if appricable (FIGTE, Registered Agent agrature required when reinstaling) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 * Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND D	RECTORS				
TITLE NAME	D SHEA, GARY		Ī			
STREET ADDRESS	15734 113TH TRAIL NORTH	·	1			
CITY-ST-ZIP	JUPITER, FL 334786717		1		Linnan	amaaama
TITLE			5		199999 1997) - DE 219	0560653 -800 48-008 150.00
name Street address	{		ì		03/ 10/ 80	
CITY-ST-ZIP			1			
MITE			1			
NAME STREET ADDRESS			l			
CITY-ST-ZIP			[DO	NOT W	RITE
TITLE						
HAME				11.4	THIS SP	ACE
STREET ADDRESS						
TITLE						
NAME						
STREET ADDRESS		j	ŀ			
CITY-ST-ZIP	 	-	•			
TYTE						
NAME STREET ADDRESS		~				
CITY-ST-ZIP			l			
12. I hereby c	cenify that the information supplied with the	is filing does not qualify for the exe	mptions contained	in Chapter 119,	Florida Statutes. 1 t	urther certify that the information
of the cou	enify that the information supplied with the on this report or supplemental report is fin poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my signati ared to execute this report as requir	ure shall have the s ed by Chapter 607,	ame legal ellect Florida Statutes	as if made under or ; and that my name	ath, that I am an officer or director appears in Block 10 or Block 11 if
спапово,	or on an adactment with an address, will	ran orner mes empowered.	>			

4/30/06

(361) 575-4859