ANNUAL REPORT

DOCUMENT # 310160

1. Entity Name
GORDON ENGINEERING ASSOCIATES, INC.

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90294 021 ***150.00

Principal Place of Business	Mailing Address
1815 N E JACKSONVILLE HWY P.O.BOX 877 OCALA, FL 34478 US	1815 N E JACKSONVILLE HWY P.O.BOX 877 OCALA, FL 34478 US

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04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1150184

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VARNADORE, THERESA A
1815 N.E. JACKSONVILLE ROAD
OCALA, FL 34470

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GORDON, MARY W.
STREET ADDRESS	1815 N.E.JAX. ROAD
CITY-ST-ZIP	OCALA, FL
TITLE	VD
NAME	STRICKLAND, THOMAS C.
STREET ADDRESS	RT 1 BOX 594
CITY-ST-ZIP	ANTHONY, FL
TITLE	SD
NAME	VARNADORE, THERESA A
STREET ADDRESS	1815 N.E. JAX. ROAD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	P
NAME	GORDON, ARCHIE W
STREET ADDRESS	1815 N.E. JAX ROAD
CITY-ST-ZIP	OCALA, FL 34478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: Archie W. Gordon Archie W. Gordon, Pres. 04/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED OFFICER OR AGENT, IF ANY — DATE