

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90042 036 ***150.00

DOCUMENT # 310160					
1. Entity Name GORDON ENGINEERING ASSOCIATES, INC.					
Principal Place of Business 1815 N E JACKSONVILLE HWY P.O. BOX 877 OCALA FL 34478 US			Mailing Address 1815 N E JACKSONVILLE HWY P.O. BOX 877 OCALA FL 34478 US		
2. Principal Place of Business 15570 S.E. 138th Terr. Suite, Apt. #, etc. P. O. Box 707		3. Mailing Address P. O. Box 707 Suite, Apt. #, etc.			
City & State Weirsdale, FL		City & State Weirsdale, FL		4. FEI Number 59-1150184	
Zip 32195-0707		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARNADORE, THERESA A 1815 N.E. JACKSONVILLE ROAD OCALA FL 34470 34479			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VPD <input type="checkbox"/> Delete NAME GORDON, MARY W. STREET ADDRESS 1815 N.E. JAX. ROAD CITY-ST-ZIP OCALA FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 15570 S.E. 138 Terr. P.O. Box 707 CITY-ST-ZIP Weirsdale, FL 32195-0707				
TITLE VD <input type="checkbox"/> Delete NAME STRICKLAND, THOMAS C. STREET ADDRESS RT 1 BOX 594 CITY-ST-ZIP ANTHONY FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE SD <input type="checkbox"/> Delete NAME VARNADORE, THERESA A STREET ADDRESS 1815 N.E. JAX. ROAD CITY-ST-ZIP OCALA FL 34470	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 1840 N.E. 61st Place CITY-ST-ZIP Ocala, FL 34479				
TITLE P <input type="checkbox"/> Delete NAME GORDON, ARCHIE W STREET ADDRESS 1815 N.E. JAX ROAD CITY-ST-ZIP OCALA FL 34478	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 15570 S.E. 138 Terr P. O. Box 707 CITY-ST-ZIP Weirsdale, FL 32195-0707				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
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: <i>Archie W Gordon</i>			3/16/05 (352) 821-3120		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		