

**2007. FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 440827

1. Entity Name
ENGEL CONSTRUCTION, INC.



Principal Place of Business
**1523 S W 21ST AVENUE
FT LAUD, FL 33312**

Mailing Address
**1523 S W 21ST AVENUE
FT LAUD, FL 33312**

DO NOT WRITE IN THIS SPACE



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1502529

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ENGEL, ROBERT A.
1523 S W 21ST AVENUE
FT. LAUD, FL 33312**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ENGEL, GARY R
STREET ADDRESS	1523 S W 21ST AVENUE
CITY- ST- ZIP	FORT LAUDERDALE, FL 33312
TITLE	VP
NAME	ENGEL, ROBERT A
STREET ADDRESS	1523 S W 21ST AVENUE
CITY- ST- ZIP	FORT LAUDERDALE, FL 33312
TITLE	ST
NAME	ENGEL, GARY R
STREET ADDRESS	1523 SW 21ST AVENUE
CITY- ST- ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/24/07-80052-006 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2007

Date

954-583-1109

Daytime Phone #