


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 617247	
1. Entity Name FIRE ENGINEERING CONSULTANTS, INC.	
	
Principal Place of Business 424 HARRISON AVENUE PO BOX 992 PANAMA CITY, FL 32402	Mailing Address 424 HARRISON AVENUE PO BOX 992 PANAMA CITY, FL 32402



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1899302	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEESE, R. HAROLD
4011 VALENCIA CT.
PANAMA CITY, FL 32405**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000257133
03/09/05-80043-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEESE, R. HAROLD
STREET ADDRESS	4011 VALENCIA COURT
CITY-ST-ZIP	PANAMA CITY, FL

TITLE	P
NAME	DEESE, R. HAROLD
STREET ADDRESS	4011 VALENCIA COURT
CITY-ST-ZIP	PANAMA CITY, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

850-785-6118

Daytime Phone #