


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 631693**

1. Entity Name  
 CHARLOTTE ENGINEERING AND SURVEYING, INC.



Principal Place of Business      Mailing Address  
 1700 EL JOBEAN ROAD      1700 EL JOBEAN ROAD  
 PORT CHARLOTTE FL 33948      PORT CHARLOTTE FL 33948



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Site, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For  
**59-1938257**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MCIVER, RICHARD S**  
**1505 N. FLORIDA AVE.**  
**TAMPA FL 33602**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title (if applicable).      **NOTE:** Registered Agent signature required when reappointing.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	MENEN, JOSEPH	
STREET ADDRESS	1640 BAYSHORE DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223-1506	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	MENEN, JOSEPH S	
STREET ADDRESS	1640 BAYSHORE DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223-1506	
TITLE	V	<input type="checkbox"/> Delete
NAME	VICKSTROM, DANIEL M	
STREET ADDRESS	505 20TH AVENUE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	V	<input type="checkbox"/> Delete
NAME	SWEN, JOHN T	
STREET ADDRESS	22406 WALTON AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAYNE, KEVIN L	
STREET ADDRESS	4710 LAGORCE DR	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000892820       Change       Addition  
 04/23/08-80091-013 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my signature, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **Joseph S. Menen, DCPTS**      **04/09/08**      **941-629-2552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #