2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 631693

Entity Name: CHARLOTTE ENGINEERING AND SURVEYING, INC

FILED Jan 27, 2009 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:	
1700 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948				1700 EL JOBEAN ROAD PORT CHARLOTTE, FL 339481249 US	
Current Mailing Address:			New Maili	New Mailing Address:	
1700 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948				1700 EL JOBEAN ROAD PORT CHARLOTTE, FL 339481249 US	
FEI Number: 59-1938257 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
1505 N. FL TAMPA, FL		ubmits this statement for the nu	urnose of changing i	its registered office or registered agent, or both,	
in the State		abinits this statement for the pt	inpose of changing i	ns registered office of registered agent, or both,	
SIGNATUR					
	Electroni	Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TS () I MENEN, JOSEPI 1640 BAYSHORI ENGLEWOOD, F	E DRIVE	Title: Name: Address: City-St-Zip:	TS (X) Change () Addition MENEN, JOSEPH S 1640 BAYSHORE DRIVE ENGLEWOOD, FL 342231506	
Title: Name: Address: City-St-Zip:	DCP () I MENEN, JOSEPI 1640 BAYSHORI ENGLEWOOD, F	E DRIVE	Title: Name: Address: City-St-Zip:	DCP (X) Change () Addition MENEN, JOSEPH S 1640 BAYSHORE DRIVE ENGLEWOOD, FL 342231506 US	
Title: Name: Address: City-St-Zip:	V () I VICKSTROM, DA 505 20TH AVENU SAINT PETERSE	JE NE	Title: Name: Address: City-St-Zip:	V (X) Change () Addition VICKSTROM, DANIEL M 505 20TH AVENUE NE SAINT PETERSBURG, FL 33704 US	
Title: Name: Address: City-St-Zip:	V () I SWEN, JOHN T 22406 WALTON PORT CHARLOT		Title: Name: Address: City-St-Zip:	V (X) Change () Addition SWEN, JOHN T 22406 WALTON AVENUE PORT CHARLOTTE, FL 33952 US	
Title: Name:	V ()I	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSEPH S. MENEN DCP 01/27/2009

4710 LAGORCE DR

City-St-Zip: PUNTA GORDA, FL 33982

Address: