


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 638195**  
 1. Entity Name  
**BCI ENGINEERS & SCIENTISTS, INC.**



Principal Place of Business  
**2000 E EDGEWOOD DR  
 SUITE 215  
 LAKELAND FL 33803  
 US**

Mailing Address  
**P O BOX 5467  
 LAKELAND FL 33807  
 US**

2. Principal Place of Business  
 Suite, Apt #, etc.


3. Mailing Address  
 Suite, Apt #, etc.

City & State

City & State

Zip Country

Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1938287**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VINING, C. GEOFFREY P.A.  
 129 S KENTUCKY AVE  
 STE 702  
 LAKELAND FL 33801**

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 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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDS <input type="checkbox"/> Delete	NAME POWERS, RICHARD M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6003 IRBY LANE WEST	CITY-ST-ZIP LAKELAND FL 33811	NAME	
TITLE VT <input type="checkbox"/> Delete	NAME LEE, WENDY A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2117 EDGEWATER CIRCLE	CITY-ST-ZIP WINTER HAVEN FL 33880	NAME	
TITLE D <input type="checkbox"/> Delete	NAME BROMWELL, LESLIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 505 TULIP LANE	CITY-ST-ZIP VERO BEACH FL 32963	NAME	
TITLE V <input type="checkbox"/> Delete	NAME REIGNER, WALTER R	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4281 SWINDELL ROAD	CITY-ST-ZIP LAKELAND FL 33810	NAME	
TITLE V <input type="checkbox"/> Delete	NAME JARRAH, LAURIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5444 HIGHLANDS VUE LANE	CITY-ST-ZIP LAKELAND FL 33813	NAME	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

UN0000220205  Change  Addition  
 02/08/05-80060-008 158.75

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:  **1-24-05 863-667-2345**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #