

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 638195

FILED
Oct 02, 2009
Secretary of State

Entity Name: BCI ENGINEERS & SCIENTISTS, INC.

Current Principal Place of Business:

2000 E EDGEWOOD DR
SUITE 215
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5467
LAKELAND, FL 33807 US

New Mailing Address:

FEI Number: 59-1938287 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VINING, C. GEOFFREY P.A.
1611 HARDEN BOULEVARD
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWERS, RICHARD M
Address: 6003 IRBY LANE WEST
City-St-Zip: LAKELAND, FL 33811

Title: VT () Delete
Name: LEE, WENDY A
Address: 2117 EDGEWATER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: BROMWELL, LESLIE
Address: 505 TULIP LANE
City-St-Zip: VERO BEACH, FL 32963

Title: VS () Delete
Name: REIGNER, WALTER R
Address: 4281 SWINDELL ROAD
City-St-Zip: LAKELAND, FL 33810

Title: V () Delete
Name: SWEATMAN, MARK B
Address: 2426 DORIS DRIVE
City-St-Zip: BRIGHTON, MI 48114

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: CHRISTMANN, CARL W
Address: 201 S. GREENFIELD AVE.
City-St-Zip: TAMPA, FL 33617

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.

SIGNATURE: RICHARD POWERS

PD

10/02/2009

Electronic Signature of Signing Officer or Director

Date