2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2007 08:00 A **DOCUMENT # 695167 Secretary of State** 1. Entity Name CONSULTING PROFESSIONAL ENGINEERS, INC. Principal Place of Business Mailing Address P O BOX 3790 P O BOX 3790 WINTER PARK FL 32790 WINTER PARK FL 32790 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & Stato City & State 59-2586378 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VARNEY, A. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 131 CHELTON CR WINTER PARK FL 32789 Zip Code 8. The above named onlity 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD HILE ☐ Change ☐ Addition IIIII Delete VARNEY, MICHAEL NAMI NAME 03/20/07-80028-011 150.00 131 CHELTON CIRCLE STRUCT ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-7IP DVPS Change ☐ Addition ☐ Defete THIE VARNEY, SALLY NAME NAME. 131 CHELTON CIRCLE STRUET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ÀOUIION .□.Delete THE VARNEY, SALLY NAML 131 CHELTON CIRCLE STREET ADDRESS SUPELL ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CHY-SI-ZIP ■ Addition ☐ Change шц Delete NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-ST-ZIP Detete Change ☐ Addition THE NAME STREET ADDRESS SURFEI ADDRESS CHY-SI-ZIP CITY-SI-7IP Delete TITLE Change Addition 11111 NAME NAM STREET ADDRESS STREET ADDRÉSS CITY - ST - ZIP CIJY-SI-ZIP 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 an address, with all other like empowered.

FILED