

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90245 014 ***150.00

DOCUMENT # 819225	
1. Entity Name PATTERSON & DEWAR ENGINEERS INC	

Principal Place of Business 2865 MILSCOTT DR 2685 MILSCOTT DR. DECATUR GA 30033 US	Mailing Address PO BOX 1048 DECATUR GA 30031 US
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2. Principal Place of Business 850 Center Way	3. Mailing Address P.O. Box 2808
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Norcross GA	City & State Norcross, GA	4. FEI Number 58-0676787	Applied For <input type="checkbox"/>
Zip 30071	Country USA	Zip 30091	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	
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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 re-registering)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VD	<input type="checkbox"/> Delete
NAME FRANKLIN, JERRY B	
STREET ADDRESS 4878 CASTLEWOOD DRIVE	
CITY-ST-ZIP LILBURN GA 30047	
TITLE VD	<input type="checkbox"/> Delete
NAME INGRAM, GEORGE E.	
STREET ADDRESS 1682 PELHAM RD., N. E.	
CITY-ST-ZIP ATLANTA GA	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME BARNES, VIRGINIA M	
STREET ADDRESS 2685 MILSCOTT DR	
CITY-ST-ZIP DECATUR, GA 00000	
TITLE PC	<input type="checkbox"/> Delete
NAME KLINE, MICHAEL J.	
STREET ADDRESS 250 KIRKTON KNOLL	
CITY-ST-ZIP ALPHARETTA GA	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Vivian L. Mc Neal	
STREET ADDRESS 850 Center Way	
CITY-ST-ZIP Norcross GA 30071	
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	

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.

SIGNATURE: *Vivian L. Mc Neal* **Vivian L. Mc Neal, Sec. Treas** 3/16/06 770-453-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #