2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F01000000328

1. Entity Name TOLSON, SIMPSON & ASSOCIATES, CONSULTING ENGINEERS, INC.



Principal Place of Business

SIGNATURE:

Mailing Address

6025 CONNERS PARKWAY, SUITE 207 NORCROSS, GA 30092

6025 CONNERS PARKWAY, SUITE 207 NORCROSS, GA 30092

FILED Mar 22, 2004 08:00 AM Secretary of State



01132004

No Chg-P

CR2E034 (10/03)

4.	FEI Number				
	58-1156725				
	30-1130723				

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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	Name and Address	e of	Current	Registered	Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000093343 03/22/04-80014-808 150.00				
10.	OFFICERS AND DIREC	TORS			with the second				
NAME CARTER, LAMAR STREET ADDRESS 2886 JONES MILL CITY ST-ZIP DORAVILLE, GA:	ROAD								
NAME V MCMILLAN, CHES STREET ADDRESS 1674 AUDEN LANI CITY-ST-ZIP NORCROSS, GA	E								
BRE S NAME FREEMAN, JAMES E STREET ADDRESS 104 TOWNSHIP WAY CHY-ST-ZIP CANTON, GA 30115			DO NOT WRITE						
NAME TOESCHER, WALL SIREET ADDRESS 2199 VIVID COUR CRY-SI ZIP STONE MOUNTAI	٣		IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY - ST - ZIP			. <u>-</u>						
TIFLE NAME STREET ADDRESS GITY - ST- ZIP									
12. I hereby certify that the information supplied with this filting 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 occurry 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,									