

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90245 040 ***150.00

DOCUMENT # F02000003826

1. Entity Name
ESTES SHIELDS ENGINEERING, INC.



Principal Place of Business

6 EXECUTIVE PARK DRIVE, SUITE 300
ATLANTA, GA 30329

Mailing Address

6 EXECUTIVE PARK DRIVE, SUITE 300
ATLANTA, GA 30329



04062004

No Chg-P

CR2E034 (10/03)

4. FEI Number
58-2505260

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATIONS, INC.
8875 HIDDEN RIVER PARKWAY, STE. 300
TAMPA, FL 33637

**DO NOT WRITE
IN THIS SPACE**

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 Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
SHIELDS, MARTIN D PE
835 WILLIVEE DRIVE
DECATUR, GA 30033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCVS
ESTES, DOUGLAS J MCSE
1293 OAKDALE ROAD NE
ATLANTA, GA 30307

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN O. SHIELDS

4-6-04

Date

404.248.1960

Daytime Phone #