


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004925
 1. Entity Name
ENDEX ENGINEERING, INC.



Principal Place of Business Mailing Address
223 NW 2ND STREET **223 NW 2ND STREET**
CORVALLIS, OR 97330 **CORVALLIS, OR 97330**

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FBI Number Applied For
93-0757930 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AGENTS AND CORPORATIONS, INC.
773 4TH AVE. NORTH, STE. E
NAPLES, FL 34102

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

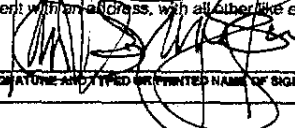
1100000219017
 02/08/05-80011-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEUERSTEIN, GARY
STREET ADDRESS	223 NW 2ND STREET
CITY-ST-ZIP	CORVALLIS, OR 97330
TITLE	ST
NAME	LIVINGSTON, DAVID
STREET ADDRESS	223 NW 2ND STREET
CITY-ST-ZIP	CORVALLIS, OR 97330
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 the empowered.

SIGNATURE:  **sec-Treas.**
 _____ **David Livingston** **2/2/05** **(541) 754-9517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #