

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000001380**

1. Entity Name  
**ASSOCIATED DESIGN & ENGINEERING, INC.**



Principal Place of Business

**66 EAST ESCALON AVENUE, SUITE 107  
FRESNO, CA 93710-5137**

Mailing Address

**66 EAST ESCALON AVENUE, SUITE 107  
FRESNO, CA 93710-5137**



04032006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**77-0051451**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SELDERS, TERRY  
157 CORAL DRIVE  
PANAMA CITY BEACH, FL 32413**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000501536  
04/25/06-80067-003 158.75**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JUNDT, MICHAEL D  
STREET ADDRESS 66 EAST ESCALON, SUITE 107  
CITY-ST-ZIP FRESNO, CA 937105137

TITLE V  
NAME STOMMEL, PAUL H  
STREET ADDRESS 66 EAST ESCALON, SUITE 107  
CITY-ST-ZIP FRESNO, CA 937105137

TITLE S  
NAME JUNDT, RAMONA  
STREET ADDRESS 66 EAST ESCALON, SUITE 107  
CITY-ST-ZIP FRESNO, CA 937105137

TITLE T  
NAME STOMMEL, KATHLEEN  
STREET ADDRESS 66 EAST ESCALON, SUITE 107  
CITY-ST-ZIP FRESNO, CA 937105137

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 exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/06 (KAR) 451-2589**  
Date Daytime Phone #