

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004156

FILED
Feb 21, 2005
Secretary of State

Entity Name: BEAUFORT ENGINEERING SERVICES, INC.

Current Principal Place of Business:

31 PROFESSIONAL VILLAGE CIRCLE
BEAUFORT, SC 29907

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2060
BEAUFORT, SC 29901

New Mailing Address:

FEI Number: 57-0693958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TICE, JOHN
909 E CERVANTES, SUITE B
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLTON, WALTER
Address: 311 FELS AVENUE
City-St-Zip: FAIRHOPE, AL 36532

Title: V () Delete
Name: O'NEAL, KEITH T
Address: 31 PROFESSIONAL VILLAGE CIRCLE
City-St-Zip: BEAUFORT, SC 29907

Title: S () Delete
Name: DELOACH, ROBERT
Address: 31 PROFESSIONAL VILLAGE CIRCLE
City-St-Zip: BEAUFORT, SC 29907

Title: T () Delete
Name: BRADLEY, CAROL D
Address: 31 PROFESSIONAL VILLAGE CIRCLE
City-St-Zip: BEAUFORT, SC 29907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WM.WALTER BOLTON

P

02/21/2005

Electronic Signature of Signing Officer or Director

Date