

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 30, 2007 08:00 A
Secretary of State

DOCUMENT # F05000000667

1. Entity Name
FULLER, MOSSBARGER, SCOTT & MAY ENGINEERS,
INC.



Principal Place of Business
1409 NORTH FORBES ROAD
LEXINGTON, KY 40511-2050

Mailing Address
1409 NORTH FORBES ROAD
LEXINGTON, KY 40511-2050



05252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-0659421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVERY, CRAIG M 1409 NORTH FORBES ROAD LEXINGTON, KY 405112050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, STEPHEN L 1409 NORTH FORBES ROAD LEXINGTON, KY 405112050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSSBARGER, W. EVAN 1409 NORTH FORBES ROAD LEXINGTON, KY 405112050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BICKEL, STEPHEN H 1901 NELSON MILLER PKWY. LOUISVILLE, KY 402232177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, SCOTT L 1409 N. FORBES RD LEXINGTON, KY 405112050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000765555
06/01/07-80011-022 150.00

**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: W. Evan Mossbarger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/07
Date

859-422-3000
Daytime Phone #