

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # F05000001030**

1. Entity Name

CRIBB CONSULTING ENGINEERS, P.C.



Principal Place of Business

3809 PEACHTREE AVE., SUITE 201  
WILMINGTON, NC 28403

Mailing Address

3809 PEACHTREE AVE., SUITE 201  
WILMINGTON, NC 28403



01052006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-2209640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACKEY, JONATHAN  
2152 MOON SHADOW RD  
NEW PORT RICHEY, FL 34655

**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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME CRIBB, W. ALLEN PE  
STREET ADDRESS 5000 CROWN POINT LANE  
CITY-ST-ZIP WILMINGTON, NC 28409

TITLE S  
NAME CRIBB, BRENDA NEEL  
STREET ADDRESS 5000 CROWN POINT LANE  
CITY-ST-ZIP WILMINGTON, NC 28409

TITLE V  
NAME HAHN, DAVID M PE  
STREET ADDRESS 719 HUNTING RIDGE ROAD  
CITY-ST-ZIP WILMINGTON, NC 28412

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000462605  
03/21/06-80042-006 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06

Date

910 793 5909

Daytime Phone #