

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004046

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** THEKA ASSOCIATES ENGINEERING, INC.

**Current Principal Place of Business:**

1875 ROBERTS ST  
MUSKEGON, MI 49442

**New Principal Place of Business:**

**Current Mailing Address:**

1875 ROBERTS ST  
MUSKEGON, MI 49442

**New Mailing Address:**

**FEI Number:** 38-2099298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, DAVE  
1662 INDEPENDENCE BLVD  
SARASOTA, FL 34234 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

**OFFICERS AND DIRECTORS:**

Title: CST  
Name: ANTON, TED  
Address: 1875 ROBERTS ST  
City-St-Zip: MUSKEGON, MI 49442

Title: VC  
Name: ERICKSON, STEVE  
Address: 1875 ROBERTS ST  
City-St-Zip: MUSKEGON, MI 49442

Title: D  
Name: KIRBY, JOHN  
Address: 1875 ROBERTS ST  
City-St-Zip: MUSKEGON, MI 49442

Title: D  
Name: CHARLESTON, BRUCE  
Address: 1875 ROBERTS ST  
City-St-Zip: MUSKEGON, MI 49442

Title: P  
Name: ERICKSON, STEVE  
Address: 1875 ROBERTS ST  
City-St-Zip: MUSKEGON, MI 49442

Title: VP  
Name: CANNADY, MIKE  
Address: 1875 ROBERTS ST  
City-St-Zip: MUSKEGON, MI 49442

I hereby 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 all other like empowered.

SIGNATURE: STEVE ERICKSON

PRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date