2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000003362

1. Entity Name
THE STRUCTURES GROUP CONSULTING ENGINEERS, INC.

Principal Place of Business	Mailing Address
1200 OLD COLONY LANE WILLIAMSBURG, VA 23185	1200 OLD COLONY LANE WILLIAMSBURG, VA 23185

01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1621687
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDVIN, PHILIP, ESQ
4112 AURORA STREET
CORAL GABLES, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	CTST
NAME	MATTHEWS, MICHAEL A P.E.
STREET ADDRESS	104 SOUTHPOINT DR
CITY-ST-ZIP	WILLIAMSBURG, VA 23185
TITLE	T
NAME	MARCOTTE, DIANE
STREET ADDRESS	113 CLARENDON CT
CITY-ST-ZIP	WILLIAMSBURG, VA 23188
TITLE	S
NAME	HINSON, WILLIAM F JR
STREET ADDRESS	152 JOHN ROLFE LANE
CITY-ST-ZIP	WILLIAMSBURG, VA 23185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80095-007 150.00

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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: _____ 2/9/06 757-220-0465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #