

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED FOR FILING
DATE JAN 24 2005

FILED ☐ *Qu*

Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005620

1. Entity Name
MID-SOUTH CONSULTING ENGINEERS, INC.



Principal Place of Business
3901 ROSE LAKE DR.
CHARLOTTE, NC 28217

Mailing Address
3901 ROSE LAKE DR
CHARLOTTE, NC 28217 US



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0714172

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JOEL O 327 HAWKS MOOR CT CHARLOTTE, NC 28262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, SAMUEL C 4412 MT. OLIVE CHURCH ROAD CHARLOTTE, NC 28278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THAXTON, DENNIS E 9500 MITCHELL GLEN DRIVE CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, GEORGE M 6416 ROUNDHILL ROAD CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT HUNT, DAVID N 9524 WHIE HEMLOCK LANE CHARLOTTE, NC 28270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOWLER, JOY P 2703 NEW HAMLIN WAY CHARLOTTE, NC 28210

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02/19/05-80008-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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:

Joel O. Williams, President 1/24/05 704/357-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #