


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000000943 1. Entity Name THE ENGINEERING GROUP, INC.	
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Principal Place of Business 3535 WINJAMMER CIRCLE, UNIT #2004 NAPLES, FL 34112 US	Mailing Address 3535 WINJAMMER CIRCLE, UNIT #2004 NAPLES, FL 34112 US
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DO NOT WRITE IN THIS SPACE



03142004	No Chg-P	CR2E034 (10/03)
4. FEI Number 38-2893400	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

KRUGGEL, GEORGE F P.E.
3535 WINJAMMER CIRCLE, UNIT #2004
NAPLES, FL 34112

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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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000109069 04/12/04-80029-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KRUGGEL, GEORGE F P.E. 3535 WINJAMMER CIRCLE, UNIT #2004 NAPLES, FL 34112
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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 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: George F. Kruggel P.E. **GEORGE F. KRUGGEL P.E.** 4/7/04 (239) 659-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #