

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90276 049 ***158.75

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1. Entity Name
ZGOUVAS & ASSOCIATES ENGINEERING
CONSULTANTS, INC.



Principal Place of Business
800 S. MCDONOUGH ST.
MONTGOMERY, AL 36104

Mailing Address
800 S. MCDONOUGH ST.
MONTGOMERY, AL 36104

50022906



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number
63-1167158

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DONOFRO, PAUL A
2910 CALEDONIA ST.
MARIANNA, FL 32446

**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	P
NAME	ZGOUVAS, JOHN A
STREET ADDRESS	2731 FERNWAY DR
CITY-ST-ZIP	MONTGOMERY, AL 36111
TITLE	V
NAME	JACKSON, BILLY G
STREET ADDRESS	8616 ANNA PLACE
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	ST
NAME	ZGOUVAS, ATHANASIOS J
STREET ADDRESS	7525 MOSSY OAK DR.
CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: *John A. Zgouvas*
SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR

Sec/Treas.

3-2-05

Date

Daytime Phone #

334-263-4406