

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90073 030 \*\*\*150.00

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01202005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # G00107</b> 1. Entity Name <b>SCHAEFER AND FAGAN CONSULTING ENGINEERS, INC.</b>					
Principal Place of Business <b>4152 WEST BLUE HERON BLVD., #128 RIVIERA BCH, FL 33404</b>			Mailing Address <b>4152 WEST BLUE HERON BLVD., #128 RIVIERA BCH, FL 33404</b>		
2. Principal Place of Business <b>631 US Highway 1 Suite, Apt. #, etc. Suite 400</b>		3. Mailing Address <b>631 US Highway 1 Suite, Apt. #, etc. Suite 400</b>		4. FEI Number <b>59-2217796</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>North Palm Beach, FL</b>		City & State <b>North Palm Beach, FL</b>			
Zip Country <b>33408</b>		Zip Country <b>33408</b>			
6. Name and Address of Current Registered Agent  <b>FAGAN, GREGORY J. 4152 BLUE HERON BLVD W, #128 RIVIERA BCH, FL 33404</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>631 US Highway 1, Suite 400</b>  City <b>North Palm Beach</b> <b>FL</b> Zip Code <b>33408</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS FAGAN, GREGORY J 4152 W BLUE HERON #128 RIVIERA BCH, FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	631 US Highway 1, Suite 400 North Palm Beach, FL 33408			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/25/05 561-848-7223 <small>Date Daytime Phone #</small>	