


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G38702</b> 1. Entity Name <b>CONSULTING ENGINEERING SERVICES, INC.</b>	
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Principal Place of Business <b>6001 ENTERPRISE DRIVE PENSACOLA, FL 32505 US</b>	Mailing Address <b>6001 ENTERPRISE DRIVE PENSACOLA, FL 32505</b>
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**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2335456</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CAMPBELL, HERBERT LENORRIS  
8110 FORDHAM DRIVE  
PENSACOLA, FL**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000858051 04/01/08-80030-007 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<b>CAMPBELL, HERBERT L</b>
NAME	
STREET ADDRESS	<b>8110 FORDHAM DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000,</b>
TITLE <b>ST</b>	<b>CAMPBELL, JUDITH W.</b>
NAME	
STREET ADDRESS	<b>8110 FORDHAM DR.</b>
CITY-ST-ZIP	<b>PENSACOLA, FL</b>
TITLE <b>VP</b>	<b>SHERRY, THOMAS R.</b>
NAME	
STREET ADDRESS	<b>3163 MARCUS POINTE BLVD</b>
CITY-ST-ZIP	<b>PENSACOLA, FL</b>
TITLE <b>VP</b>	<b>BASSO, RONALD W.</b>
NAME	
STREET ADDRESS	<b>4245 CHAZARAE DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** H.L. Campbell H.L. CAMPBELL 3/11/08 850 474 1163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #