## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 05, 2004 08:00 AM DOCUMENT # G75127 **Secretary of State** EAST VOLUSIA ENGINEERING, INC. Principal Place of Business Mailing Address 435 AIR PARK RD #B-1 435 AIR PARK RD #B-1 EDGEWATER, FL 32132 EDGEWATER, FL 32132 04012004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2367757 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, JOE D. DO NOT WRITE 12 WOODLAKE DR PT ORANGE, FL 32119 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MILE MARTIN, JOE D. NAME U00000102860 04/05/04-80033-002 150.00 STREET ADDRESS 12 WOODLAKE DR CITY-ST-ZP PORT ORANGE, FL 32129 ST 3333 MARTIN, MARY SUE NAME 12 WOOD! AKE DR STREET MODRESS PORT ORANGE, FL 32129 CITY-ST-ZIP BILE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZP BBF IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CETY-ST-ZIP BILE NAME STREET ADDRESS CRY-ST-7P 333LE NAME STREET ADDRESS CITY-ST-ZIP