

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90229 043 ***150.00

DOCUMENT # H17814	
1. Entity Name CIVIL & STRUCTURAL ENGINEERS INC.	

Principal Place of Business P.O. BOX 540308 MERRITT ISLAND FL 32954	Mailing Address P.O. BOX 540308 MERRITT ISLAND FL 32954
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 58-1611699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
BARCANT, KEVIN CHARLES 233 ANTIGUA DR COCOA BEACH FL 32931	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARCANT, KEVIN C.		NAME	
STREET ADDRESS 233 ANTIGUA DR		STREET ADDRESS	
CITY-ST-ZIP COCOA BEACH FL 32931		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARCANT, MAREN E.		NAME	
STREET ADDRESS 233 ANTIGUA DR		STREET ADDRESS	
CITY-ST-ZIP COCOA BEACH FL 32931		CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNAGGS, HEIDI M.		NAME D KNAGGS, HEIDI M	
STREET ADDRESS P.O. BOX 3147 N/A		STREET ADDRESS 233 ANTIGUA DRIVE	
CITY-ST-ZIP CARENAGE TR		CITY-ST-ZIP COCOA BEACH FL 32931	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARCANT, COLIN K.		NAME	
STREET ADDRESS P.O. BOX 3147 CARENAGE		STREET ADDRESS	
CITY-ST-ZIP TRINIDAD WI		CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARCANT, RICHARD K.		NAME VD BARCANT-RICHARD K	
STREET ADDRESS 233 ANTIGUA DR		STREET ADDRESS 304 OAK STREET	
CITY-ST-ZIP COCOA BEACH FL 32931		CITY-ST-ZIP MELBOURNE BEACH FL 32951	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Kevin Barcant **KEYIN BARCANT / PRESIDENT** **321-783-5453**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #