

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H22837</b> 1. Entity Name <b>ASSOCIATED ENGINEERS INC.</b>					
Principal Place of Business <b>P.O. BOX 540308 MERRITT ISLAND FL 32954</b>			Mailing Address <b>P.O. BOX 540308 MERRITT ISLAND FL 32954</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
<b>6. Name and Address of Current Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>BARCANT, KEVIN C 233 ANTIGUA DR COCOA BEACH FL 32931</b> </div> <div style="width: 50%;">           Name            Street Address (P.O. Box Number is Not Acceptable)            City            FL Zip Code         </div> </div>					
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           SIGNATURE <i>Kevin Barcant</i>  <small>Signature typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 50%;"> <b>KEVIN BARCANT, President</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small>            DATE <b>28-APR-2006</b> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<i>Check Enclosed</i>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	100000557089 05/17/06-80035-005 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, CATHRYN M		NAME		
STREET ADDRESS	1930 PEELE DR		STREET ADDRESS		
CITY - ST - ZIP	AKRON OH 44333		CITY - ST - ZIP		
TITLE	PD	<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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCANT, RICHARD K		NAME		
STREET ADDRESS	304 OAK STREET		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE BEACH FL 32951		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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCANT, COLIN		NAME		
STREET ADDRESS	233 ANTIGUA DR		STREET ADDRESS		
CITY - ST - ZIP	COCOA BEACH FL 32931		CITY - ST - ZIP		
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 exemptions contained in Section 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.					
<b>SIGNATURE:</b> <i>Kevin Barcant</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>(04-28-06)</b> Daytime Phone # <b>321-783-5453</b>		



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2512861** Applied For ☐ Not Applicable ☒

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

7. Name and Address of New Registered Agent

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