
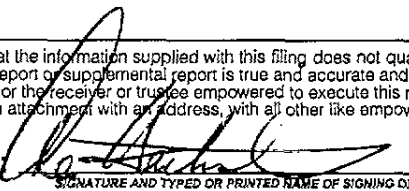


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # J22574		
1. Entity Name PITMAN-HARTENSTEIN & ASSOCIATES, INC., ENGINEERS		
Principal Place of Business 7820 ARLINGTON EXPRESSWAY SUITE #640 JACKSONVILLE, FL 32211 US		Mailing Address 7820 ARLINGTON EXPRESSWAY SUITE #640 JACKSONVILLE, FL 32211 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARTENSTEIN, ALAN 7820 ARLINGTON EPWY SUITE 640 JACKSONVILLE, FL 32211		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DP	DO NOT WRITE IN THIS SPACE
NAME	PITMAN, E. H., JR.	
STREET ADDRESS	4911 RIVER POINT RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	TVS	
NAME	HARTENSTEIN, ALAN	
STREET ADDRESS	3758 CRICKET COVE RD E	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2695553	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

U00000425507
02/20/06-80001-003 158.75

**DO NOT WRITE
IN THIS SPACE**

- 2/16/06 904-724-3546
Date Daytime Phone #