


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J58847</b>					
1. Entity Name <b>PLP ENGINEERING, INC.</b>					
Principal Place of Business <b>% PRESTON L. PARKER 239 COUNTRY CLUB RD SHALIMAR FL 32579</b>			Mailing Address <b>% PRESTON L. PARKER 239 COUNTRY CLUB RD SHALIMAR FL 32579</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2759977</b> <span style="float: right;">Applied For Not Applicable</span>	
6. Name and Address of Current Registered Agent <b>PARKER, PRESTON L. 239 COUNTRY CLUB RD SHALIMAR FL 32579</b>				7. Name and Address of New Registered Agent	
				Name _____	
				Street Address (P.O. Box Number is Not Acceptable) _____	
				City _____ <b>FL</b> 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 _____					



1st MOORE CR2E034 (10/05)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PARKER, PRESTON L. 239 COUNTRY CLUB RD SHALIMAR FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> ADD <b>U00000415603 02/11/06-80088-002 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> ADD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> ADD
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> ADD

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.

**SIGNATURE:** *Preston L. Parker* **1-30-06 8506512959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR