


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J58847 1. Entity Name PLP ENGINEERING, INC.			FILED 07 JUL 16 PM 3:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business % PRESTON L. PARKER 239 COUNTRY CLUB RD SHALIMAR, FL 32579		Mailing Address % PRESTON L. PARKER 239 COUNTRY CLUB RD SHALIMAR, FL 32579	
2. Principal Place of Business - No P.O. Box # 84 Meigs Drive		3. Mailing Address Suite, Apt. #, etc.	
City & State Shalimar, Florida		City & State Suite, Apt. #, etc.	
Zip 32579		Country USA	
4. FEI Number 59-2759977		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 PARKER, PRESTON L. 239 COUNTRY CLUB RD SHALIMAR, FL 32579		7. Name and Address of New Registered Agent Name Jimmy L. Pigg, II Street Address (P.O. Box Number is Not Acceptable) 84 Meigs Drive City Shalimar	
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: <i>Jimmy L. Pigg, II</i> 7-12-07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE D	NAME PARKER, PRESTON L.	STREET ADDRESS 239 COUNTRY CLUB RD	CITY-ST-ZIP SHALIMAR, FL
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE D/P	NAME Jimmy L. Pigg, II
STREET ADDRESS CITY-ST-ZIP	TITLE NAME Jill A. Pigg	STREET ADDRESS CITY-ST-ZIP Shalimar, FL 32579	TITLE NAME 400106640724
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 07/24/07--01052--007 **\$61.25
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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: Jimmy L. Pigg, II, President		Date: 7-12-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 850-585-3524	