

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90010 039 ***158.75

DOCUMENT # J75791 1. Entity Name REGIONAL ENGINEERS, PLANNERS & SURVEYORS, INC.			
Principal Place of Business 1105 SANCTUARY PARKWAY SUITE 300 ALPHARETTA, GA 30004 US		Mailing Address 1105 SANCTUARY PARKWAY SUITE 300 ALPHARETTA, GA 30004 US	
2. Principal Place of Business - No P.O. Box # 1105 Lakewood Pkwy		3. Mailing Address 1105 Lakewood Pkwy	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Alpharetta, GA 30004		City & State Alpharetta, Ga 30004	
Zip US		Zip US	
4. FEI Number 59-2814347		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIBLER, J. ALLEN 1105 SANCTUARY PKWY #300 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 LAKEWOOD PKWY #300 ALPHARETTA GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ROBERT M 4150 N. JOHN YOUNG PKWY ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V JONES, ROBERT M
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHERRILL, KENDALL H 1105 SANCTUARY PKWY #00 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DTS SHERRILL, KENDALL H 1105 LAKEWOOD PKWY #300 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLES, BRUCE C 1105 SANCTUARY PARKWAY, SUITE 300 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 LAKEWOOD PKWY #300 ALPHARETTA GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOOSHEE, ROBERT B 1105 SANCTUARY PARKWAY, SUITE 300 ALPHARETTA, GA 30004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLES, BRUCE C 1105 LAKEWOOD PARKWAY #300 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kendall H. Sherrill</u>		Date 3-5-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 770-360-0600	

ATTACHMENT 40046586
#J75791

Regional Engineers, Planners & Surveyors, Inc.
Jurisdiction: FL

NAME	ADDRESS	OFFICER	DIRECTOR
Bruce C. Coles	1105 Sanctuary Parkway, #300 Alpharetta, GA 30004	President	X
J. Allen Kibler	1105 Sanctuary Parkway, #300 Alpharetta, GA 30004		X
Robert M. Jones	4150 N. John Young Pkwy Orlando, FL 32810-2620	Vice President	
Kendall H. Sherrill	1105 Sanctuary Parkway, #300 Alpharetta, GA 30004	Secretary & Treasurer	X
Bruce A. Duke	1105 Sanctuary Parkway, #300 Alpharetta, GA 30004	Assistant Secretary	