2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # J86731

1. Entity Name
ENGINEERING & DESIGN CONCEPTS, INCORPORATED

Principal Place of Business	Mailing Address
1398 PALM BAY ROAD, N.E. PALM BAY, FL 32905	1398 PALM BAY ROAD, N.E. PALM BAY, FL 32905

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2835416
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, ROBERT D
335 EMBASSY CT NE
PALM BAY, FL 32907

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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: ROBERT D CARTER 1/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000210810
02/02/05-80096-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARTER, ROBERT D
STREET ADDRESS	335 EMBASSY CT NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	T
NAME	CARTER, TAMI D
STREET ADDRESS	335 EMBASSY CT NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VP
NAME	SHINSKIE, EDWARD F
STREET ADDRESS	4707 LANCASTER LANE
CITY-ST-ZIP	MIMS, FL 32754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ROBERT D CARTER 1/28/05 321-727-2056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #