## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 02, 2008 08:00 AN Secretary of State **DOCUMENT # J88319** 1. Entity Name 4 P G & H ENGINEERING, INC. Principal Place of Business Mailing Address 1512 FOURTH AVE 1512 FOURTH AVE TAMPA, FL 33605 **TAMPA, FL 33605** 04302008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2840396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADDISON, MICHAEL C DO NOT WRITE 400 N TAMPA ST. **SUITE 1100** IN THIS SPACE TAMPA, FL 33602 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. 3.5 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00, May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 <u> /29/08-80124-015</u> 10. OFFICERS AND DIRECTORS TITLE HILLIS, PAUL G. NAME ' **5924 RIVER TERRACE** STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE HILLIS, GRAHAM NAME STREET ADORESS 11004 RIDGEDALE ROAD CITY-ST-ZIP TEMPLE TERRACE, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS \_CITY-ST-ZIP NAME STREET ADDRESS

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 \$\frac{1}{2}\$ lother like empowered.

12. Thereby 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**