
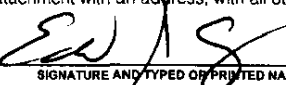


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90020 046 ***158.75

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # K09655 1. Entity Name ENG ENGINEERING INC. | | | |  | |
| Principal Place of Business 1879 DEAN RD JACKSONVILLE, FL 32216 US | | | Mailing Address 1879 DEAN RD 1871 DEAN RD. JACKSONVILLE, FL 32216 US | | |
| 2. Principal Place of Business - No P.O. Box # 8130 BAYBERRY ROAD Suite, Apt. #, etc. | | 3. Mailing Address 8130 BAYBERRY ROAD Suite, Apt. #, etc. | | | |
| City & State JACKSONVILLE, FL Zip 32256 | | City & State JACKSONVILLE, FL Zip 32256 | | 4. FEI Number 59-2859248 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ENG, EDWARD JOHN 1879 DEAN RD JACKSONVILLE, FL 32216 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____ | | | | | |
| 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 | PSD ENG, EDWARD JOHN 1879 DEAN RD JACKSONVILLE, FL | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| 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:  | | | 2/28/08 904 721 2323 Date Daytime Phone # | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |