

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39365

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: AYLWARD ENGINEERING & SURVEYING, INC.

**Current Principal Place of Business:**

3222 RIDGE TRACE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

3222 RIDGE TRACE  
DAVIE, FL 33328 US

**New Mailing Address:**

FEI Number: 65-0077815      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COX, SHARON A  
3222 RIDGE TRACE  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COX, SHARON A.,  
Address: 3222 RIDGE TRACE  
City-St-Zip: DAVIE, FL 33328

Title: VD ( ) Delete  
Name: MARTIN, EVELYN A.,  
Address: 16203 NW 8 DRIVE  
City-St-Zip: PEMBROKE PINES, FL

Title: TSD ( ) Delete  
Name: AYLWARD, JAYNE R.,  
Address: 15221 FINTRY PL  
City-St-Zip: MIAMI LAKES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: MARTIN, EVELYN A.,  
Address: 1815 SW 101 AVENUE  
City-St-Zip: DAVIE, FL 33324

Title: TSD (X) Change ( ) Addition  
Name: AYLWARD, JAYNE R.,  
Address: 15221 FINTRY PL  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A. COX

PD

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date