

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K73428

FILED
Mar 07, 2005
Secretary of State

Entity Name: CENTERLINE ENGINEERING & DESIGN SERVICES, INC.

Current Principal Place of Business:

6814 VALRIE LN
RIVERVIEW, FL 33569 US

New Principal Place of Business:

1842 WOLF LAUREL DRIVE
SUN CITY CENTER, FL 33573 US

Current Mailing Address:

PO BOX 1387
RIVERVIEW, FL 33568 US

New Mailing Address:

FEI Number: 59-2946459 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MELREIT, BONNIE L.
6814 VALRIE LANE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

MELREIT, BONNIE L.
1842 WOLF LAUREL DRIVE
SUN CITY CENTER, FL 33573 US

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: BONNIE L. MELREIT

03/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MELREIT, BONNIE L.,
Address: 6814 VALRIE LANE
City-St-Zip: RIVERVIEW, FL

Title: V () Delete
Name: MELREIT, ROBERT B.,
Address: 6814 VALRIE LANE
City-St-Zip: RIVERVIEW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MELREIT, BONNIE L.,
Address: 1842 WOLF LAUREL DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573 US

Title: V (X) Change () Addition
Name: MELREIT, ROBERT B.,
Address: 1842 WOLF LAUREL DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573 US

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: BONNIE L. MELREIT

DPS

03/07/2005

Electronic Signature of Signing Officer or Director

Date