

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47256

FILED
Jan 05, 2007
Secretary of State

Entity Name: T K W CONSULTING ENGINEERS, INC.

Current Principal Place of Business:

5621 BANNER DRIVE
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

5621 BANNER DRIVE
FT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0171147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, TRUDI K
15400 SHAMROCK DR SE
FT MYERS, FL 33912 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: D () Delete
Name: WILLIAMS, TRUDI K
Address: 15400 SHAMROCK DR SE
City-St-Zip: FT MYERS, FL 33912

Title: P () Delete
Name: ANDERSON, SHAWN R
Address: 4806 SW 29 AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: BARKER, JOHN
Address: 7769 WOODLAND BEND CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: DAY, PATRICK J
Address: 1208 SE 17TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VP () Delete
Name: SANDOVAL, ERIC
Address: 1426 OLMEDA WAY
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: LANGE, JAMES T
Address: 8969 FALCON POINTE LANE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TRUDI K WILLIAMS

DIR

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date