2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L47256

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
5621 BANNER DRIVE
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:	P	(X) Change ( ) Addition
Name:	ANDERSON, SHAWN R	
Address:	3917 LAVIDA WAY	
City-St-Zip:	CAPE CORAL, FL 33993	
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
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 01/06/2009

Electronic Signature of Signing Officer or Director Date