

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L52218

1. Entity Name
ENGINEERING REPS ASSOCIATES, INC.



Principal Place of Business
% PAUL R. SHORT
7522 N 40 ST #B
TAMPA, FL 33604

Mailing Address
580 EGGLE STONE FALLS RD.
RIDGEWAY, VA 24148 US



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2994189** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHORT, PAUL R.
7522 N 40 ST
SUITE B
TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
 NAME **EANES, BARRY S.**
 STREET ADDRESS **580 EGGLESTON FALLS ROAD**
 CITY-ST-ZIP **RIDGEWAY, VA 24148**

TITLE **P**
 NAME **LAVONDA, J. EANES**
 STREET ADDRESS **580 EGGLESTON FALLS ROAD**
 CITY-ST-ZIP **RIDGEWAY, VA 24148**

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Lavonda J. Eanes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

276-956-8405

Daytime Phone #