

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # **LS2218**

1. Entity Name
ENGINEERING REPS ASSOCIATES, INC.



Principal Place of Business
% PAUL R. SHORT
214 WEST BEARSS AVE
TAMPA, FL 33613

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



03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2994189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHORT, PAUL R.
1214 WEST BEARSS AVE
TAMPA, FL 33613

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EANES, BARRY S. 580 EGGLESTON FALLS ROAD RIDGEWAY, VA 24148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVONDA, J. EANES 580 EGGLESTON FALLS ROAD RIDGEWAY, VA 24148
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **LAVONDA J. EANES** **4-3-07** **276-956-8406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #