


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L52218**  
 1. Entity Name  
**ENGINEERING REPS ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**% PAUL R. SHORT**      **580 EGGLESTON FALLS RD.**  
**1214 WEST BEARSS AVE**      **RIDGEWAY, VA 24148 US**  
**TAMPA, FL 33613**

**DO NOT WRITE IN THIS SPACE**



03112008    No Chg-P    CR2E034 (11/05)

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

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 re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**      **9. Election Campaign Financing**      **\$5.00 May Be**  
**After May 1, 2008 Fee will be \$550.00**      Trust Fund Contributions      **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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/01/08-80011-006 150.00

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 807, 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**      **3-11-08**      **276-956-8406**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #