


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002114	
1. Entity Name FLORIDA SECTION INSTITUTE OF TRANSPORTATION ENGINEERS, INC.	

Principal Place of Business 300 PRIMERA BOULEVARD SUITE 200 LAKE MARY, FL 32746	Mailing Address 300 PRIMERA BOULEVARD SUITE 200 LAKE MARY, FL 32746
---	---

DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

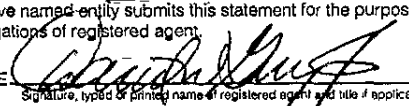
4. FEI Number 02-0577219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GWYNN, DAVID W JR.
300 PRIMERA BOULEVARD
SUITE 200
LAKE MARY, FL 32746**

**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:  DATE: **2-21-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---------------------------------------


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAVCH, PETER PE 5110 EISENHOWER BLVD STE 220 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, DEVIN A 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EL EID, JIHAD P.E. 2300 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWYNN, DAVID W JR. 300 PRIMERA BOULEVARD #200 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, PHIL PE 306 NE 6TH AVENUE #326 GAINESVILLE, FL 32602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000243589
02/25/05-80048-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  DATE: **2/21/05** DAYTIME PHONE #: **407 805 0355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR