

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

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

DOCUMENT # N02000002116

1. Entity Name
**INSTITUTE OF TRANSPORTATION ENGINEERS -
DISTRICT 10, 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**



01272005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0577216

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$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

[Signature]

(NOTE, Registered Agent signature required when reinstating)

2/21/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YAUCH, PETER
STREET ADDRESS	5110 EISENHOWER BLVD STE 220
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	SWANSON, DEVIN A
STREET ADDRESS	2725 JUDGE FRAN JAMIESON WAY
CITY-ST-ZIP	VIERA, FL 32940
TITLE	D
NAME	EL EID, JIHAD P.E.
STREET ADDRESS	2300 W. COMMERCIAL BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	GWYNN, DAVID W JR.
STREET ADDRESS	300 PRIMERA BOULEVARD #200
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	DAVIS, JOHN
STREET ADDRESS	5650 ENTERPRISE PARKWAY
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	D
NAME	MANN, PHIL P.E.
STREET ADDRESS	306 NE 6TH AVENUE #326
CITY-ST-ZIP	GAINESVILLE, FL 32602

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02/25/05-00045-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05
Date

407850355
Daytime Phone #