2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000002116

INSTITUTE OF TRANSPORTATION ENGINEERS -DISTRICT 10, INC.



Principal Place of Business

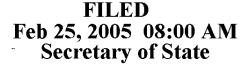
Mailing Address

300 PRIMERA BOULEVARD SUITE 200 LAKE MARY, FL 32746

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	Applied For	
02-0577216	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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent. SIGNATURE Stockes, year or printed name of registered agent ampfule it applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
	Filling Fee is \$61.25 Due by May 1, 2005	Election Campaign Finant Trust Fund Contribution.	cing _	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAUCH, PETER 5110 EISENHOWER BLVD STE 220 TAMPA, FL 33634				000000243549 02725705-800 4 5-01 9 51.25
TITLE NAME STREET ADDRESS GITY-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			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWYNN, DAVID W JR. 300 PRIMERA BOULEVARD #200 LAKE MARY, FL 32746		1 1000 1000 1000 1000	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOHN 5650 ENTERPRISE PARKWAY FORT MYERS, FL 33905				
TITLE NAME STREET ADDRESS CITY-\$T-ZIP	D MANN, PHIL P.E. 306 NE 6TH AVENUE #326 GAINESVILLE, FL 32602	-	-		
12. I hereby certify that the information supplied with this filling 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 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.					

DEFICER OR DIRECTOR

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