2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-01-2005 90025 020 ***158.75

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1. Entity Name
P & A CONSULTING ENGINEERS, INC.

40010230

Principal Place of Business	Mailing Address
3000 N. PONCE DE LEON BLVD. STE A & B ST. AUGUSTINE, FL 32084	3000 N. PONCE DE LEON BLVD. STE A & B ST. AUGUSTINE, FL 32084

01132005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3632777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PULLIUM, MICHAEL D
3000 N PONCE DE LEON BLVD.
SUITE A & B
ST. AUGUSTINE, FL 32084

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PULLIUM, MICHAEL D
STREET ADDRESS	3000 N. PONCE DE LEON BLVD. #A
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	VP
NAME	MATTHEWS III, ROB A P.E.
STREET ADDRESS	3000 N. PONCE DE LEON BLVD.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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 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: Michael D Pullium January 19, 2005 904 824 3755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #