

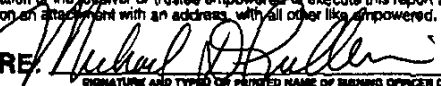
Jun. 14. 2005 10:17PM

No. 0846 P. 2

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 21 AM 8:47

DOCUMENT # P0000008455					
1. Entity Name P & A CONSULTING ENGINEERS, INC.					
Principal Place of Business 3000 N. PONCE DE LEON BLVD. STE A & B ST. AUGUSTINE, FL 32084			Mailing Address 3000 N. PONCE DE LEON BLVD. STE A & B ST. AUGUSTINE, FL 32084		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	DPST	☒ Change ☐ Addition
NAME	PULLIUM, MICHAEL D		NAME	Pullium, Michael D.	
STREET ADDRESS	3000 N. PONCE DE LEON BLVD. #A		STREET ADDRESS	521 Segovia Road	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MATTHEWS III, ROB A P.E.		NAME	000056505630	
STREET ADDRESS	3000 N. PONCE DE LEON BLVD.		STREET ADDRESS	06/24/05--01027--002 **\$61.25	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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 			Michael D. Pullium June 15, 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Typed Name		