2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078368

Entity Name: FLORIDA ENGINEERING COMPANY

FILED Apr 17, 2005 Secretary of State

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Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
12688 FILI JACKSON	LY CT IVILLE, FL 322	223		2430 KISSIMMEE PARK ROAD, NUMBER 919 ST. CLOUD, FL 34769		
Current N	lailing Addres	ss:	New Mail	New Mailing Address:		
PO BOX 19067 JACKSONVILLE, FL 32245			P.O. BOX 700339 ST. CLOUD, FL 34770			
FEI Number	: 65-1055871	FEI Number Applied For()	FEI Number Not App	olicable ()	Certificate of Status Desired (X)	
Name and	l Address of (Current Registered Agent:	Name and	d Address o	f New Registered Agent:	
The above	LY CT IVILLE, FL 322		purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD (YALLALY, BRA 324 SWEET B JUPITER, FL (AY CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (YALLALY, BRI 12688 FILLY C JACKSONVILL	т	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	YALLALY, BRA	HENGE CIRCLE, APT 406	Title: Name: Address: City-St-Zip:	TD YALLALY, B 3302 BOLLA WEST PALM		
Title: Name: Address: City-St-Zip:	VP (YALLALY, JEA 12688 FILLY C JACKSONVILL	OURT	Title: Name: Address: City-St-Zip:	VP YALLALY, JI 3828 OPAL ST. CLOUD,	CIRCLE	
Title: Name: Address:	VP (YALLALY, JAW 12688 FILLY O		Title: Name: Address:	VP YALLALY, J 3828 OPAL		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: ST. CLOUD, FL 34772

SIGNATURE: JAMES G. YALLALY VP 04/17/2005

City-St-Zip:

JACKSONVILLE, FL 32223