## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 20, 2004 08:00 AM Secretary of State DOCUMENT # P00000107371 ENGINEERING RESOURCES INTERNATIONAL, INC. Mailing Address Principal Place of Business 2469 NEWFOUND HARBOR DRIVE 2469 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 03162004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3706065 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOLFMAN, STANLEY DO NOT WRITE 200 W MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952 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, typod or printed name of registered agent and life if applicable. (NOTE, Registered Agent signature regulard when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RALPH, MICHAEL NAME U00000121649 04/20/04-80062-004 150.00 2469 NEWFOUND HARBOR DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CXTY-53-73P IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 accurage 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all filler like empowered.

SIGNATURE:

NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS

**FILED** 

321-449-0614