

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114267

FILED
Mar 15, 2009
Secretary of State

Entity Name: STS ENGINEERING SERVICES, INC.

Current Principal Place of Business:

2000 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

2000 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 65-1062831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANSON, PHILIP
Address: 2000 N.E. JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL

Title: D () Delete
Name: GREENE, ROBERT D
Address: 2000 N.E. JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL

Title: STD () Delete
Name: SOMMERS, MICHAEL C
Address: 2000 N.E. JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL

Title: PD () Delete
Name: ANSON, PHILIP JR
Address: 2000 JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MICHAEL SOMMERS

STD

03/15/2009

Electronic Signature of Signing Officer or Director

_____ Date