


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000001007 1. Entity Name ENGINEERING SUPPORT PROJECT, INC.	
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Principal Place of Business 4208 LANCASHIRE LANE ORLANDO, FL 32812	Mailing Address 4208 LANCASHIRE LANE ORLANDO, FL 32812
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08022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0377291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TERRILL, KIMBERLY J
4208 LANCASHIRE LANE
ORLANDO, FL 32812

DO NOT WRITE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

08/17/06-80006-009 550.00

10. OFFICERS AND DIRECTORS	
TITLE	CEO
NAME	TERRILL, KIMBERLY J
STREET ADDRESS	4208 LANCASHIRE LANE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	VP
NAME	KREMINSKI, DONALD F
STREET ADDRESS	4208 LANCASHIRE LANE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: KIMBERLY J. TERRILL *Kimberly J. Terrill* 8-11-06 407-896-1285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #