

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90036 033 \*\*\*150.00

60010292



01302006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P02000043043</b> 1. Entity Name NORTH FLORIDA ENGINEERING SERVICES, INC.					
Principal Place of Business 3110 SPRING GLEN RD JACKSONVILLE, FL 32207			Mailing Address 3110 SPRING GLEN RD JACKSONVILLE, FL 32207		
2. Principal Place of Business <i>263 River Hills DR.</i> Suite, Apt. #, etc.		3. Mailing Address <i>263 River Hills DR.</i> Suite, Apt. #, etc.			
City & State <i>JACKSONVILLE, FL</i> Zip <i>32216</i> Country <i>USA</i>		City & State <i>JACKSONVILLE, FL</i> Zip <i>32216</i> Country <i>USA</i>		4. FEI Number 11-3642421	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  FAVRE, CHRIS 3110 SPRING GLEN RD JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>263 River Hills DR.</i> City <i>JACKSONVILLE</i> FL Zip Code <i>32216</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAVRE, CHRIS 3110 SPRING GLEN ROAD JACKSONVILLE, FL 32207		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAVRE, LORI ANN 3110 SPRING GLEN ROAD JACKSONVILLE, FL 32207		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <i>Chris FAVRE</i>			Date <i>1/30/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <i>904-737-0971</i>		