


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90078 018 ***150.00

DOCUMENT # P02000044544

1. Entity Name
ENGINEERING SYSTEM DESIGN INC



Principal Place of Business Mailing Address
6905 S.W. 1ST ST. **6905 S.W. 1ST ST.**
MARGATE, FL 33068 **MARGATE, FL 33068**

03242004



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03242004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number
02-0601878

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CUDMORE, DARRIN R
6905 S.W. 1ST ST.
MARGATE, FL 33068

(SPELLING)

7. Name and Address of New Registered Agent
 Name **DARIN R. CUDMORE**
 Street Address (P.O. Box Number is Not Acceptable)
6905 SW 1ST STREET
 City **MARGATE** FL Zip Code **33068**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	CUDMORE, DARRIN R	
STREET ADDRESS	6905 S.W. 1ST ST.	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIN R. CUDMORE	
STREET ADDRESS	6905 SW 1ST ST.	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCUS B. STANDROD	
STREET ADDRESS	285 FLAMINGO POINT SOUTH	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY D. CUDMORE	
STREET ADDRESS	6905 SW 1ST ST	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  3/22/04 (954)744922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #