

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000107612

1. Entity Name
ARNOLD/SANDERS CONSULTING ENGINEERS, INC.



Principal Place of Business
16681 MCGREGOR BLVD SUITE 202
FORT MYERS, FL 33908

Mailing Address
16681 MCGREGOR BLVD SUITE 202
FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2076810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMSKI, ROBERT C
1714 E CAPE CORAL PARKWAY
CAPE CORAL, FL 33904

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME ARNOLD, RICHARD W
STREET ADDRESS 16681 MCGREGOR BLVD, SUITE 202
CITY - ST - ZIP FORT MYERS, FL 33908

TITLE VP
NAME SANDERS, JIMMY L
STREET ADDRESS 16681 MCGREGOR BLVD, SUITE 202
CITY - ST - ZIP FORT MYERS, FL 33908

TITLE T
NAME ARNOLD, RICHARD W
STREET ADDRESS 16681 MCGREGOR BLVD, SUITE 202
CITY - ST - ZIP FORT MYERS, FL 33908

TITLE S
NAME SANDERS, JIMMY
STREET ADDRESS 16681 MCGREGOR BLVD, SUITE 202
CITY - ST - ZIP FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000093919
03/22/04-80038-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #