

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90024 002 ***150.00

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

SUITE #102

Suite, Apt. #, etc.

SUITE #102

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number

54-2076810

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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

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

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NAME: ☐ Change ☐ Addition
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CITY- ST- ZIP: ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
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CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jimmy L. Sanders

JIMMY L. SANDERS VP

2-13-07 239-267-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #