2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State	
DOCUMENT # P02000107612 1. Entity Name APNOLD FOR ANDERS CONSULTING ENGINEERS INC.					02-04-2008 90053 002 ***150.00	
ARNOLD/SANDERS CONSULTING ENGINEERS, INC.						
Principal Place of Business Mailing Address					4 N O A -	
16681 MCGR FORT MYERS	REGOR BLVD- Suite 2102- 5, FL 33908	16681 MCGREGOR BLVD S uite 2102- Fort Myers, FL 33908		102-		
Principal Place of Business - No P.O. Box # 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE # 102		a	01292008 Chg-P CR2E034 (12/06)	
City & State		City & State			4. FEI Number Applied For 54-2076810 Not Applicabl	
Zip	Country	Zip	Country		5 Certificate of Status Desired \$8.75 Additional	
	6 Name and Address of Current 9	egistered Agent	<u> </u>		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent				Name Name		
ADAMSKI, ROBERT C 1714 E CAPE CORAL PARKWAY				Street Address (P.O. Box Number is Not Acceptable)		
CAPE CO	RAL, FL 33904					_
				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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE	P	☐ Delete	TITLE	6		'n
NAME	ARNOLD, RICHARD W	Α.	NAME	ARI	NOLD, RICHARD W	3
STREET ADDRESS CITY-ST-ZIP	16681 MCGREGOR BLVD, SUITE FORT MYERS, FL 33908	282	STREET A		SI MCGREGOR BLVD, STE 100	٨
TITLE	VP	□ Delete	TITLE	Vρ	RT MYERS FL 35908 Machange □ Addition	
NAME	SANDERS, JIMMY L	L Delete	NAME	SE	NDERS JIMMY L	"
STREET ADDRESS	16681 MCGREGOR BLVD, SUITE	: 2 102	STREET A	ADDRESS 166	181 MCGREGOR BLVD, STE 103	L
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST	-ZIP FO	RT MYERS PL 33908	
TITLE	T ADNOLD BICHARD W	☐ Delete	TITLE	٦	☑ Change ☐ Additio	ħ
NAME - STREET ADDRESS	ARNOLD, RICHARD W -16681-MCGREGOR BLVD, SUITE	: 2/12	NAME SIRSELA	ADDRESS 100	NOLD, RICHARD W SI MCGREGOR BLVD, SIE 100)
CITY-ST-ZIP	FORT MYERS, FL 33908	. 202	CITY-ST		RT MYERS FL 33908	
TITLE	s	☐ Delete	TITLE	S		n
NAME CIDEET ADDRESS	SANDERS, JIMMY	: aha	NAME	VEDDUCCE SA	INDERS, I'MMY 081 MCGREGOL BLVD, STE 102	
STREET ADDRESS CITY-ST-ZIP	16681 MCGREGOR BLVD, SUITE FORT MYERS, FL 33908	. 242	CITY-ST		IRT MYERS PL 33908	•
TITLE		☐ Delete	TITLE		Change Addition	n
NAME		CT DAIGIG	NAME	1		ĺ
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			CITY-ST	-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Additio	n

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.

STREET ADDRÉSS CITY-ST-ZIP STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: JUMNY L. SANDERS 1-31-08 239-267-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description Prome 4