

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90004 007 ***150.00

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1. Entity Name
DBE ENGINEERING, INC.



Principal Place of Business
2823 ST JOHNS BLUFF RD S
JACKSONVILLE, FL 32246

Mailing Address
2823 ST JOHNS BLUFF RD S
JACKSONVILLE, FL 32246

50002444



2. Principal Place of Business
116 South Beach Dr
Suite, Apt. #, etc.

3. Mailing Address
116 South Beach Dr
Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State
St Augustine, FL
Zip 32084 Country USA

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St Augustine, FL
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4. FEI Number
27-0036172
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRILEY, D. RANDALL
135 PROFESSIONAL DR, STE 101
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

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 *Judson A. Walker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-10-05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME DP
STREET ADDRESS FERRO, STEVEN E
CITY-ST-ZIP 2823 ST JOHNS BLUFF RD S
JACKSONVILLE, FL 32246 ☒ Delete

TITLE
NAME DV
STREET ADDRESS WALKER, JUDSON A
CITY-ST-ZIP 2823 ST JOHNS BLUFF RD S
JACKSONVILLE, FL 32246 ☐ Delete

TITLE
NAME DST
STREET ADDRESS WILHOIT, RODNEY E
CITY-ST-ZIP 2823 ST JOHNS BLUFF RD S
JACKSONVILLE, FL 32246 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME DP
STREET ADDRESS Walker Judson A
CITY-ST-ZIP 116 South Beach Dr
St Augustine, FL 32084 ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Judson A. Walker* Judson A. Walker 1-10-05 904-29-0885
Signature and typed or printed name of signing officer or director Date Daytime Phone #