


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 03 2005

<b>DOCUMENT # P03000119870</b>		
1. Entity Name <b>UNITED CONTRACTORS AND ENGINEERS CO.</b>		

FILED

05 APR 29 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>PO BOX 12415 TALLAHASSEE, FL 32317</b>	Mailing Address <b>1915 CHOWKEEBIN TALLAHASSEE, FL 32301</b>
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2. Principal Place of Business <b>1915 Chowkeebin</b>	3. Mailing Address <b>1915 Chowkeebin</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Tallahassee, Fla.</b>	City & State <b>Tallahassee, Fla.</b>
Zip <b>32301</b>	Country <b>USA</b>



04262005 Chg-P CR2E034 (10/03)

4. FEI Number <b>80-0081018</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PETERS, DAVID 1915 CHOWKEEBIN TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>NA</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 NA DATE \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PETERS, DAVID 1915 CHOWKEEBIN TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600054006056 05/06/05--01050--014 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SA FAHIMPOUR, MASOUD 6391 HERTIAGE RIDGE ROAD TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** DW Roberts - President **A-28-05 850-509-6530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #