2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State **DOCUMENT # P03000131301** THE ENGINEERING AND CONSTRUCTION COMPANY, Principal Place of Business Mailing Address **58141 MORTON STREET 58141 MORTON STREET** MARATHON, FL 33050 MARATHON, FL 33050 03032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1192632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent PACKER, KENNETH F DO NOT WRITE **58141 MORTON STREET** MARATHON, FL. 33050 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 tide if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TILLE PACKER, KENNETH F NAME U00000340324 04/28/05-80113-011 150.00 STREET ADDRESS **58141 MORTON STREET** CITY-ST-ZIP MARATHON, FL 33050 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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