

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90080 039 ***150.00

DOCUMENT # P04000162972

1. Entity Name
Q. GRADY MINOR ENGINEERING, INC.



Principal Place of Business
**3800 VIA DEL RAY
BONITA SPRINGS, FL 34134 US**

Mailing Address
**3800 VIA DEL RAY
BONITA SPRINGS, FL 34134 US**

40053186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-1944851

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

**MINOR, MARK W
11554 TANGER COURT
NAPLES, FL 34119**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
MINOR, MARK W
11554 TANGER CT.
NAPLES, FL 34119**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
BURGESS, STEPHEN V
17220 TRAPPERS DRIVE
BONITA SPRINGS, FL 34912**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TREA
ARNOLD, D. WAYNE
435 SPRINGLINE DRIVE
NAPLES, FL 34102**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
TREBILCOCK, NORMAN J
1168 LAKESHORE PLACE
NAPLES, FL 34116**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06