2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014223

COOKE, DAVIÓ

DELAND, FL 32720

220 S WOODLAND BLVD., STE. D

Name:

Address:

City-St-Zip:

FILED Jan 04, 2007 Secretary of State

Entity Nar	me: ENGINI	EERED PERMITS, INC.			
Current P	rincipal Pla	ce of Business:	New Principal Pla	New Principal Place of Business:	
220 S WOODLAND BLVD. SUITE D DELAND, FL 32720 US Current Mailing Address:					
				Many Marillon Addresses	
Current IVI	alling Addr	ess:	New Mailing Addr	ess:	
220 S WOODLAND BLVD. SUITE D					
DELAND,	FL 32720	US			
FEI Number:	75-3180902	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ASTRID DE PARRY, P.A. 107 E. CHURCH ST. DELAND, FL 32724 US			220 S. WOODLANI D	RENNE, GRANT W DPST 220 S. WOODLAND BLVD. D DELAND, FL 32720 US	
	named entit e of Florida.	y submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: GRANT W. RENNE				01/04/2007	
	Electr	onic Signature of Registered Age	ent	Date	
Election Car	npaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RENNE, GRA	DLAND BLVD., STE D	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	WOJTUNIAK	DLAND BLVD., STE. D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	DV	() Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GRANT W. RENNE **DPST** 01/04/2007