2006 FOR PROFIT CORPORATION ANNUAL REPORT								FILED Feb 06, 2006 8:00 am Secretary of State 02-06-2006 90054 026 ***158.75				
DOCUMENT # P05000139256 1. Entity Name APPLIED ENGINEERING AND SURVEYING, INC.												
Principal Place of Business 4805 KITTY HAWK CIRCLE GULF BREEZE, FL 32563				Mailing Address 4805 KITTY HAWK CIRCLE GULF BREEZE, FL 32563								
2. Principal Place of Business 105 Lew: 5 Street Suite, Apt. #, etc. Suite 102				3. Mailing Address 105 Lewis Street Suite, Apt. #, etc. Suite 102				02022006 Chg-P CR2E034 (11/05)				
City& State Fort Walton Beach, FL				City & State fort Walton Beach, FL			4	4. FEI Numt 20-	36177	53	No	plied For Applicable
3254		Country US		^{Zip} 32547	Cour	try ↓ <u>S</u>		5. Certificat	e of Status Desire	⊲ ⊠	\$8.75 Add Fee Require	litional d
6. Name and Address of Current Registered Agent PERRI, DANIEL C 4 ELEVENTH AVENUE SUITE 1 SHALIMAR FL 32579						LOS Suit Fort	ddress (heu tc Wa	Arn P.O. Box Num Nis St 102 1ton E	er ber is Not Accepta reet Bcach	^{able)}	Zip Cod 3335	
the obligat	tions of regist	ty submits this stateme tered agent.	<u>~~</u>		KOTE: Register	od Agent signat.	ine required	when reinstating)	oth, in the State of		familiar with,	and accept
After M	ay 1, 200	6 Fee will be \$5		Trust Fund Co	ontribution.			ed to Fees			0.050700	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS A		Delete		£		ADDITIONS	CHANGES TO C	HICERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, DAVID 408 ESCANABA AVENUE VALPARAISO, FL 32580			🗋 Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, ALLEN 380 BATSON ROAD PONCE DE LEON, FL 32455			Delete		TIFLE NAME STREET ADDRESS CITY-ST-ZIP					🗋 Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	410 MAR	EY, SHANNON ION DRIVE .E, FL 32578		Delete							Change	Addition
TITLE NAME STREET ADDRESS City-St-Zip				Delete							🗋 Change	Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP				Delete							🛄 Charige	Addition
indicated of the cor	l on this repo poration or t	e information supplied rt or supplemental rep he receiver or trustee e achment with an addre	ort is true	and accurate and the ad to execute this rep	at my signa ort as requ	ature shall h	ave the :	same legal effe	ct as if made und	ler oath; that I a	im an officer	or director
SIGNAT	'URE: _	Daniel SKGNATURE AND TYPE		D NAME OF SIGNING OFFIC	CA L		<u>* n +</u>	٢	2206 Dat		243 aytime Phone #	6300

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