


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90267 040 ***150.00

DOCUMENT # P05000147596	
1. Entity Name FLEMING ISLAND ENGINEERING, PA	

Principal Place of Business 1451 GREENWAY PLACE ORANGE PARK, FL 32003 US	Mailing Address 1451 GREENWAY PLACE ORANGE PARK, FL 32003 US
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40077685



2. Principal Place of Business - No P.O. Box # 1524 Smith Street	3. Mailing Address 1524 Smith Street
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Orange Park, FL	City & State Orange Park, FL
Zip 32073	Country US

04202007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PHILLIPS, MATTHEW J 1451 GREENWAY PLACE ORANGE PARK, FL 32003	
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7. Name and Address of New Registered Agent	
Name Phillips, Matthew J.	
Street Address (P.O. Box Number is Not Acceptable) 1524 Smith Street, Suite 101	
City Orange Park	Zip Code FL 32073

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 *Matthew J. Phillips* **Matthew J. Phillips** 4/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P PHILLIPS, MATTHEW J 1451 GREENWAY PLACE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: *Matthew J. Phillips* **Matthew J. Phillips** 4/20/07 904-278-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #