

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90059 001 \*\*\*158.75

66003905



01192006 Chg-P CR2E034 (11/05)

4. FEI Number **20.3823474** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**DOCUMENT # P05000150007**

1. Entity Name  
**FLORIDA DESIGN & ESTIMATING SERVICES, INC.**



Principal Place of Business  
**6346-65 LANTANA ROAD STE 6-D  
LAKE WORTH, FL 33463**

Mailing Address  
**6346-65 LANTANA ROAD STE 6-D  
LAKE WORTH, FL 33463**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

8. Name and Address of Current Registered Agent

**OUELLETTE, ALAIN  
6346-65 LANTANA ROAD STE 6-D  
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUELLETTE, ALAIN 6346-65 LANTANA ROAD STE 6-D LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 fees empowered.

SIGNATURE: [Signature] Jan. 27-06 561-434-2295  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66003905

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2006

FLORIDA DESIGN & ESTIMATING SERVICES, INC.  
6346-65 LANTANA ROAD STE 6-D  
LAKE WORTH, FL 33463

Subject: **FLORIDA DESIGN & ESTIMATING SERVICES, INC.**

Reference Number: **P05000150007**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION