


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05124</b> 1. Entity Name CDG ENGINEERS AND ASSOCIATES, INC.	
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05172004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0696876	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**5. Name and Address of Current Registered Agent**

REEVES, (RETIRED) COL. JACK  
RT. 2 BOX 707  
POINT WASHINGTON, FL 32454

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DARNELL, PAUL E 690 MEADOWBROOK DRIVE ANDALUSIA, AL 36420
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, MARCUS K 104 LONGLEAF COURT ANDALUSIA, AL 36420
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEPARD, ROBERT 128 FAIRWAY DRIVE OPP, AL 36467
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPENCE, RANDY 510 MOCKINGBIRD LANE ALBERTVILLE, AL 35950
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUER, WILLIAM F 1216 LAKE LAND DRIVE ANDALUSIA, AL 36420
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/21/04-80005-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #