


FILED
Mar 02, 2007 8:00 am
Secretary of State

2,
2,

02-12-2007 90282 001 ***150.00
 02-12-2007 90282 002 *****8.75

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P0600006329					
1. Entity Name HUMPHRIES CONSULTING & ENGINEERING, INC.					
Principal Place of Business 10H ST. JOHNS MEDICAL PARK ST. AUGUSTINE, FL 32086 US			Mailing Address 10H ST. JOHNS MEDICAL PARK ST. AUGUSTINE, FL 32086 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 175-3206604	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMPHRIES, EDDIE J 6779 MAGNOLIA LANE ST. AUGUSTINE, FL 32088			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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P. HUMPHRIES, EDDIE J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUMPHRIES, EDDIE J	NAME			
STREET ADDRESS	6779 MAGNOLIA LANE	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32088	CITY-ST-ZIP			
TITLE	SEC HUMPHRIES, CHRISTINE A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUMPHRIES, CHRISTINE A	NAME			
STREET ADDRESS	6779 MAGNOLIA LANE	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32088	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Eddie J. Humphries</i>		Date: <i>2-26-2007</i> Daytime Phone #: <i>904-794-1333</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Eddie J. Humphries, President</i> <i>Eddie J. Humphries</i> 2-26-2007					

00000010



01252007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable