

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P06491

1. Entity Name
FLUOR DANIEL ENGINEERING, INC.



Principal Place of Business
**ONE ENTERPRISE DR
F2B
ALISO VIEJO, CA 92656 US**

Mailing Address
**ONE ENTERPRISE DR.
F2B
ALISO VIEJO, CA 92656-2606 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0782198

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

**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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	FISHER, L. N
STREET ADDRESS	ONE ENTERPRISE DR
CITY - ST - ZIP	ALISO VIEJO, CA 92656
TITLE	P
NAME	SHINKLE, R A
STREET ADDRESS	ONE ENTERPRISE DRIVE F2B
CITY - ST - ZIP	ALISO VIEJO, CA 92656
TITLE	VP
NAME	SIMS, F L
STREET ADDRESS	ONE ENTERPRISE DR
CITY - ST - ZIP	ALISO VIEJO, CA 92656
TITLE	D
NAME	SIMS, F L
STREET ADDRESS	ONE ENTERPRISE DRIVE F2B
CITY - ST - ZIP	ALISO VIEJO, CA 92656
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05

Date

949.349.2000

Daytime Phone #