## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000051220

FILED Apr 21, 2009 Secretary of State

Entity Name: FORT PIERCE ENGINEERING, INC. **Current Principal Place of Business: New Principal Place of Business:** 2208 RIVER BRANCH DRIVE 315 SOUTH 7T STREET FORT PIERCE, FL 34981 FORT PIERCE, FL 34950 **Current Mailing Address: New Mailing Address:** 2208 RIVER BRANCH DRIVE 315 SOUTH 7T STREET FORT PIERCE, FL 34981 FORT PIERCE, FL 34950 FEI Number: 26-2706475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TREWYN, TIMOTHY C 2208 RIVÉR BRANCH DRIVE FORT PIERCE, FL 34981 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition TREWYN, TIMOTHY C SVOBODA, ERIC J Name: Name: 2208 RIVER BRANCH DRIVE 174 SW GRIMALDO TERRACE Address: Address: City-St-Zip: FORT PIERCE, FL 34981 City-St-Zip: PORT ST LUCIE, FL 3494 Title: () Delete Title: ( ) Change (X) Addition Name: Name: TREWYN, TIMOTHY C 2208 RIVER BRANCH DRIVE Address: Address: FORT PIERCE, FL 34981 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete Name: MERKEL, STEVEN W Name: 679 NW FERNANDINA ST. Address: Address: City-St-Zip: City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY C. TREWYN ST 04/21/2009