

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P10927

1. Entity Name
SEDKI & RUSS ENGINEERS, INC.



Principal Place of Business
**6700 VERNON WOODS DRIVE
SUITE 200
ATLANTA, GA 30328 US**

Mailing Address
**6700 VERNON WOODS DRIVE
SUITE 200
ATLANTA, GA 30328 US**

DO NOT WRITE IN THIS SPACE



07132005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1503966

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OSSI, FAREED
1810 S MACDILL AVE
TAMPA, FL 33629**

**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
Due by September 7, 2005**

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
**PTD
SEDKI, NEBIL
6700 VERNON WOODS DRIVE
ATLANTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
RUSS, JOSEPH
6700 VERNON WOODS DRIVE
ATLANTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
BROWNE SADKI, MARY
6700 VERNON WOODS DRIVE
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/18/05-80003-020 150.00

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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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEBIL SEDKI

7/13/05

Date

4042565662

Daytime Phone #