

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90058 044 ***150.00

DOCUMENT # P15856

1. Entity Name
ENGINEERING & EQUIPMENT COMPANY



Principal Place of Business
**908 N. WASHINGTON STREET
ALBANY, GA 31701**

Mailing Address
**PO BOX 588
ALBANY, GA 31702**

50005157



01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0538626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN, JOHN
2001 ARTHUR AVENUE
PANAMA CITY, FL 32405**

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 *John Newman*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-05

**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 **P** ☐ Delete
NAME **KNIGHT, III C**
STREET ADDRESS **3524 W DOUBLEGATE DR**
CITY-ST-ZIP **ALBANY, GA**

TITLE **VD** ☐ Delete
NAME **NEWMAN, JOHN**
STREET ADDRESS **2001 ARTHUR AVE.**
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE **D** ☐ Delete
NAME **KNIGHT, JOHN**
STREET ADDRESS **1620 LYNWOOD LN**
CITY-ST-ZIP **ALBANY, GA 31707**

TITLE **D** ☐ Delete
NAME **KNIGHT, SANFORD**
STREET ADDRESS **4114 QUALL HALLOW RD**
CITY-ST-ZIP **ALBANY, GA**

TITLE **D** ☐ Delete
NAME **KING, LOU**
STREET ADDRESS **106 BUNKERS COVE ROAD**
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE **SD** ☐ Delete
NAME **LONG, ROSEMARY**
STREET ADDRESS **3717 SHORELINE**
CITY-ST-ZIP **PANAMA CITY, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4114 Quail Hollow Rd**
CITY-ST-ZIP **ALBANY GA 31707**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7325 Suwanee Ave**
CITY-ST-ZIP **Southport FL 32409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Collins Knight - PRES

1-19-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #