

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90055 033 ***150.00

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1. Entity Name
FLORIDA ENGINEERING GROUP, INCORPORATED



Principal Place of Business
718 GARDEN PLAZA
ORLANDO, FL 32803-4212

Mailing Address
718 GARDEN PLAZA
ORLANDO, FL 32803-4212

10010100



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3203487

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEBAALI, SAMIR J
401 HARBOUR OAKS POINTE DR. N.
EDGEWOOD, FL 32809-3013

**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	P
NAME	SEBAALI, SAMIR J.
STREET ADDRESS	401 HARBOUR OAKS POINTE DR. N
CITY-ST-ZIP	ORLANDO, FL 328093013
TITLE	TS
NAME	SEBAALI, MARY L
STREET ADDRESS	401 HARBOUR OAKS POINTE DR. N
CITY-ST-ZIP	ORLANDO, FL 328093013
TITLE	VP
NAME	Abi-Aoun, JEAN
STREET ADDRESS	1037 South Pineridge Circle
CITY-ST-ZIP	SANFORD, FLORIDA 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: *Mary Lisa Sebaali* MARY LISA SEBAALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08-05

Date

407-895-0324

Daytime Phone #