


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90094 037 ***150.00

DOCUMENT# P93000016868

1. Entity Name
FARLEY AND ASSOCIATES, CONSULTING ENGINEERS, INC.



Principal Place of Business Mailing Address

Principal Place of Business: [Blank]
 Mailing Address: [Blank]

44033114



2. Principal Place of Business 3. Mailing Address

2. Principal Place of Business: **7707 US1**
 Suite, Apt. #, etc.: **Suite 3**
 City & State: **Vero Beach FL**
 Zip: **32967** Country: **U.S.A.**

3. Mailing Address: **3388 Henderson Dr.**
 Suite, Apt. #, etc.: [Blank]
 City & State: **Valkaria FL**
 Zip: **32950** Country: **U.S.A.**

04012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

FARLEY, FRANK W
3388 HENDERSON RD
MALABAR, FL 32950

4. FEI Number **59-3173659** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 City: [Blank] **FL** Zip Code: [Blank]

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: Frank Farley (NOTE: Registered Agent Signature required when reinstating) DATE: 2 April 04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	FARLEY, FRANK W	NAME	
STREET ADDRESS	3388 HENDERSON RD	STREET ADDRESS	
CITY-ST-ZIP	MALABAR, FL 32950	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: [Blank] Daytime Phone #: [Blank]