


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000011186</b> 1. Entity Name APPLICATIONS ENGINEERING GROUP, INC.	
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Principal Place of Business 1200 MAYPORT ROAD ATLANTIC BEACH, FL 32233 US	Mailing Address 1200 MAYPORT ROAD ATLANTIC BEACH, FL 32233 US
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3222293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KEIFER, ORION P.E.  
105 RITA RAE LN  
JACKSONVILLE BEACH, FL 32250

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEILMANN, THOMAS C 36 DOLPHIN BLVD. E PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCEO KEIFER, ORION P E 105 RITA RAE LANE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAYSON, PETER D 13009 YELLOW STAR LANE NORTH JACKSONVILLE, FL 32224
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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04/16/07-80036-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4/13/07 904-249-1718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #