

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90050 039 ***150.00

DOCUMENT # P94000013027					
1. Entity Name JPL ENGINEERING, INC.					
Principal Place of Business 2766 LOGANDALE DR ORLANDO, FL 32817 US			Mailing Address PO BOX 677983 ORLANDO, FL 32867 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3226313	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEREZ, GILDA N 2766 LOGANDALE DR ORLANDO, FL 32817				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, GILDA N 2766 LOGANDALE DR ORLANDO, FL 32817	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S PEREZ, GILDA N 2766 LOGANDALE DR ORLANDO, FL 32817	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOITZ, VICTORIA E 2766 LOGANDALE DR. ORLANDO, FL 32817	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONGFIELD, JUDY Y 881 N. 2129TH ROAD TONICA, IL 61370	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONGFIELD, JUDY Y 881 N. 2129TH ROAD TONICA, IL 61370	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____			GILDA N. PEREZ		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			January 27, 2005		
Date			407-568-9555		
Daytime Phone #					

50010311



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