

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90277 023 ***150.00

20046678



DOCUMENT # P94000033407 1. Entity Name AL ENGINEERING, INC.			
Principal Place of Business 3871 D TAMiami TRAIL PORT CHARLOTTE, FL 33952		Mailing Address 3871 D TAMiami TRAIL PORT CHARLOTTE, FL 33952	
2. Principal Place of Business 25418 E. MARION AVENUE Suite, Apt. #, etc. UNIT 4 City & State PUNTA GORDA, FL Zip 33950 Country		3. Mailing Address 25418 E. MARION AVENUE Suite, Apt. #, etc. UNIT 4 City & State PUNTA GORDA, FL Zip 33950 Country	
4. FEI Number 65-0529993		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENNELER, MAURY F 3871 D TAMiami TRAIL PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name DENNELER, MAURY F Street Address (P.O. Box Number is Not Acceptable) 25418 E MARION AVENUE UNIT 4 City PUNTA GORDA FL Zip Code 33950	
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: DATE: 3-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME DENNELER, MAURY F STREET ADDRESS 86 SKYLINE DRIVE CITY-ST-ZIP NORTH FORT MYERS, FL 33903	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DENNELER, MAURY F STREET ADDRESS 25418 E. MARION AVENUE, UNIT 4 CITY-ST-ZIP PUNTA GORDA, FL 33950	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JOSEPHS, JAMES D STREET ADDRESS 25418 E. MARION AVENUE UNIT 4 CITY-ST-ZIP PUNTA GORDA, FL 33950	
TITLE D <input type="checkbox"/> Delete NAME JOSEPHS, JAMES D STREET ADDRESS 164 CROOP LANE CITY-ST-ZIP PORT CHARLOTTE, FL 33952	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:		3-15-05 <input checked="" type="checkbox"/> 1941-205-2013	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	