## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000009541

ENGINEERING & APPLIED SCIENCE, INC.



Principal Place of Business

11700 N 58TH STREET

SUITE G

TAMPA, FL 33617 US

Mailing Address

11700 N 58TH STREET

SUITE G

TAMPA, FL 33617

FILED
Mar 05, 2004 08:00 AM
Secretary of State



02252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3293198

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent   |   |   |                               |                                |   |
|---|---|---|-------------------------------|--------------------------------|---|
| RAO, SRINIVAS G<br>18545 OTTERWOOD AVE.<br>TAMPA, FL 33647  |   |   | DO NOT WRITE<br>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 fille if applicable (NOTE: Registered Agent signature required when reinstalling) DATE  |   |   |                               |                                |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |   | Election Campaign Finar<br>Trust Fund Contribution. | icing                         | \$5.00 May Be<br>Added to Fees | U00000077091<br>03/05/04-80028-009 158.75 |
| TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS  | P<br>RAO, SRINIVAS G<br>18545 OTTERWOOD AVE.<br>TAMPA, FL 33647 |   |                               |                                |   |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | DO NOT WRITE<br>IN THIS SPACE |                                |   |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE  |   |   |                               |                                |   |
| NAME  |   |   |                               |                                |   |

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 4