

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90062 033 ***158.75

DOCUMENT # P95000090462

1. Entity Name

PARKING STRUCTURE ENGINEERING, INC.



Principal Place of Business

**18860 N. DALE MALORY
LUTZ FL 33548**

Mailing Address

**18860 N. DALE MALORY
LUTZ FL 33548**

2. Principal Place of Business

18860 N. Dale Mabry Hwy

3. Mailing Address

18860 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0625470

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCH, DHARMENDRA
18860 N. DALE MALORY HWY
LUTZ FL 33548**

Name

Jorge Londono

Street Address (P.O. Box Number is Not Acceptable)

18860 N. Dale Mabry Highway

City

Lutz, Florida

FL

Zip Code

33548

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]

Jorge Londono

(NOTE: Registered Agent signature required when reinstating)

DATE

X 2-15-05.

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BUCH, DHARMENDRA P | |
| STREET ADDRESS | 1111 N. WESTSHORE BLVD., SUITE 511 | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KINNEL, RICHARD | |
| STREET ADDRESS | 1111 N. WESTSHORE BLVD., SUITE 511 | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | JOBIN, MATT | |
| STREET ADDRESS | 1111 N. WESTSHORE BLVD., SUITE 511 | |
| CITY-ST-ZIP | TAMPA FL 33607-4713 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | RICH, SALLY A | |
| STREET ADDRESS | 21800 W 10 MILE ROAD SUITE 209 | |
| CITY-ST-ZIP | SOUTHFIELD MI 48075 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 18860 N. Dale Mabry Highway |
| CITY-ST-ZIP | Lutz, FL 33548 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 18860 N. Dale Mabry Highway |
| CITY-ST-ZIP | Lutz, FL 33548 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 18860 N. Dale Mabry Highway |
| CITY-ST-ZIP | Lutz, FL 33548 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

[Signature] **Sally Rich**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05 (248) 353-8080

Date

Daytime Phone #