## 200# POR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2004 08:00 AM DOCUMENT # P96000023714 **Secretary of State** 1. Entity Name WRS CONSULTING ENGINEERS, INC. Principal Place of Business Mailing Address P.O. BOX 561078 **8719 GREAT COVE DRIVE** ORLANDO, FL 32856-1078 ORLANDO, FL 32819 CR2E034 (10/03) 02232004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3374693 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SHESTAK, WILLIAM R DO NOT WRITE 8719 GREAT COVE DR ORLANDO, FL 32819 IN THIS SPACE . 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 title if applicable. (NOTE: Registered Agent signature required when remetating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SHESTAK, WILLIAM R 8719 GREAT COVE DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 U000000068989 ШE NAME 02/27/04-80063-025 150.00 STREET ADDRESS CITY-ST-ZIP TITLE MALKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP MLE

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:** 

NAME STREET ADDRESS CITY-ST-719 TITLE NAME STREET ADDRESS CITY-ST-ZIP

OPPICER OF DIRECTOR