

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000049737**

1. Entity Name  
**SAI ENGINEERING INCORPORATED MECHANICAL AND  
ELECTRICAL GROUP**



Principal Place of Business

**ATTN: MARIA PASLICK  
13662 OFFICE PLACE SUITE 101  
WOODBIDGE, VA 22192-4217**

Mailing Address

**ATTN: MARIA PASLICK  
13662 OFFICE PLACE SUITE 101  
WOODBIDGE, VA 22192-4217**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3386683</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**STROLLO, J P  
731 FRANKLIN LANE  
ORLANDO, FL 32801**

**DO NOT WRITE  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000933625  
02/28/08-80020-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PASLICK, MAURY R 15437 BEACHVIEW DR. MONTCLAIR, VA 22025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZITO, DANIEL L 12703 TORRINGTON ST. LAKE RIDGE, VA 22192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STROLLO, J. PAT 777 FRENCH AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASLICK, MARIA J 15437 BEACHVIEW DRIVE MONTCLAIR, VA 22025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Maria J Paslick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08 (703) 590-8200  
Date Daytime Phone #