007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State		
DOCUMENT # P97000034973 1. Entity Name GOVERNALE ENGINEERING SERVICES, INC.					Sec.	Tetaly of State	
Principal Plac 1807 PEPPE OLDSMAR, FI	RTREE DR.	Mailing Address P.O. BOX 1971 OLDSMAR, FL 34677					
D	O NOT WRITE	N THIS SPA	-	01112007 4. FEI Numt 59-34	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
	8. Name and Address of Current Rec	istered Agent	}		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
GOVERNALE, LEO L 500 DRIFTWOOD CIRCLE OLDSMAR, FL 34677					NOT W THIS SP		
	named entity submits this statement for the tions of registered agent.		-		oth, in the State of Flo	rida. I am familiar with, and accept	
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.			ncing _	\$5.00 May Be Added to Fees		DATE	
10.	ÖFFIČERS AND DIR	ECTORS		·	***		
IITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOVERNALE, LEO 500 DRIFTWOOD CIRCLE OLDSMAR, FL 34677			-	UO! 02/01.	0000609112 /07-80037-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOVERNALE, REBECCA 500 DRIFTWOOD CIRCLE OLDSMAR, FL 34677		-				
TITLE HAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - SY - ZIP					NOT W	}	
NAME							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental proport 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.

SICHATURE.

CITY-ST-ZIP

IITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

HO TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/35/34 \813-855-55/C