


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000044116	
1. Entity Name ENGINEERED STRUCTURE SERVICES, INC.	

Principal Place of Business 9478 W. MARQUETTE LANE CRYSTAL RIVER, FL 34428	Mailing Address 9478 W. MARQUETTE LANE CRYSTAL RIVER, FL 34428
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DO NOT WRITE IN THIS SPACE



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3452213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CZARNECKI, EILEEN K
4527 N. LADYBUG DR.
CRYSTAL RIVER, FL 34428**

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000284462 04/02/05-80006-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	NAME CZARNECKI, EDWARD L.
STREET ADDRESS 4527 N. LADYBUG DRIVE	
CITY - ST - ZIP CRYSTAL RIVER, FL 34428	
TITLE ST	NAME CZARNECKI, EILEEN K.
STREET ADDRESS 4527 N. LADYBUG DRIVE	
CITY - ST - ZIP CRYSTAL RIVER, FL 34428	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Eileen K. Czarnecki** **4/1/05** **352-564-8017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #