

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 05, 2006 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



04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3452213 Applied For Not Applicable

5. Certificate of Status Desired  \$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 reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

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

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04/20/06-00002-007 150.00

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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: Eileen K. Czarnecki Eileen K. Czarnecki 4-4-06 352-564-8017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #