


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90132 014 \*\*\*150.00

<b>DOCUMENT # P98000005073</b>	
1. Entity Name <b>ENGINEERING CONSTRUCTION CONSULTANTS, INC.</b>	

Principal Place of Business <b>6844 DAIRY ROAD ZEPHYRHILLS, FL 33542</b>	Mailing Address <b>6844 DAIRY ROAD ZEPHYRHILLS, FL 33542</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>6536 Stadium Dr, Ste J</b>	3. Mailing Address <b>6536 Stadium Dr, Ste J</b>
Suite, Apt. #, etc. <b>Ste J</b>	Suite, Apt. #, etc. <b>STE J</b>

City & State <b>Zephyrhills, FL</b>	City & State <b>Zephyrhills, FL</b>
Zip <b>33542</b>	Country <b>Pasco</b>

03032008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3497102</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>ZULLO, LEONARD A 38716 ALSTON AVE. ZEPHYRHILLS, FL 33542</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>6536 Stadium Dr, Ste J</b>	
City <b>Zephyrhills,</b>	State <b>FL</b>
Zip Code <b>33542</b>	

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
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, ROBERT F</b>	NAME	
STREET ADDRESS	<b>1880 N CRYSTAL LAKE DR UNIT32</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZULLO, LEONARD A</b>	NAME	
STREET ADDRESS	<b>38716 ALSTON AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33542</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 or without other like empowered.	
---	--

SIGNATURE: <i>Leonard A. Zullo</i>	<b>Leonard A. Zullo</b>	<b>4/23/08</b>	<b>813-715-1961</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #