

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000105345

1. Entity Name
ISIMINGER & STUBBS ENGINEERING, INC.



Principal Place of Business
649 US HWY ONE STE 9
NO PALM BEACH, FL 33408

Mailing Address
649 US HWY ONE STE 9
NO PALM BEACH, FL 33408

FILED

08 OCT -6 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0885205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISIMINGER, CHARLES C
649 US HWY ONE STE 9
NO PALM BEACH, FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ISIMINGER, CHARLES C
STREET ADDRESS 649 US HWY ONE STE 9
CITY-ST-ZIP NO PALM BEACH, FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000136816220
10/10/08--01038--005 **\$61.25

TITLE ST
NAME HILLIARD ISIMINGER, REBECCA
STREET ADDRESS 717 KITTYHAWK WAY
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME STUBBS, DARWIN C
STREET ADDRESS 649 US HWY ONE SUITE 9
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE RVP
NAME ~~SCOTT, JEFFREY~~ Littlejohn, Jeffrey M
STREET ADDRESS 649 US HWY ONE SUITE 9
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rebecca H. Isiminger 10/13/08 561-891-0003