2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000070723

1. Entity Name
ADVANCED ENGINEERING CONCEPTS, INC.

FILED
Jan 14, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1009 12TH STREET NORTH JACKSONVILLE, FL 32250	1009 12TH STREET NORTH JACKSONVILLE, FL 32250

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3593157	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, TIMOTHY R
1009 12TH STREET NORTH
JACKSONVILLE, FL 32250

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	TAYLOR, TIMOTHY R
STREET ADDRESS	1009 -12TH ST N
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Timothy R Taylor*   Timothy R Taylor   01-11-2005   (904)716-3570

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