


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 024 ***158.75

DOCUMENT # V06132					
1. Entity Name POOLE ENGINEERING & SURVEYING, INC.					
Principal Place of Business 2145 DELTA BLVD SUITE 100 TALLAHASSEE FL 32303 US			Mailing Address 2145 DELTA BLVD SUITE 100 TALLAHASSEE FL 32303 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POOLE, NORMA 2145 DELTA BLVD, SUITE 100 TALLAHASSEE FL 32303				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, KIM L.		NAME		
STREET ADDRESS	2145 DELTA BLVD, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, BARRY W.		NAME		
STREET ADDRESS	2145 DELTA BLVD, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, CHERYL L.		NAME		
STREET ADDRESS	2145 DELTA BLVD, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGSTROM, BARBARA J		NAME		
STREET ADDRESS	2145 DELTA BLVD, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, NORMA		NAME	Poole, Norma R.	
STREET ADDRESS	2145 DELTA BLVD, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		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		

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MOORE CR2E034 (11/03)

4. FEI Number 59-3109205 ☐ Applied For
☒ Not Applicable

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

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:  **Norma R. Poole** **2/27/04** **(850) 386-5117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #