2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# V06132

Entity Name: POOLE ENGINEERING & SURVEYING, INC.

Current Principal Place of Business:

2145 DELTA BLVD
SUITE 100
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

2145 DELTA BLVD
SUITE 100
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3109205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POOLE, NORMA
2145 DELTA BLVD, SUITE 100
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POOLE, KIM L.
Address: 2145 DELTA BLVD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete
Name: POOLE, BARRY W.
Address: 2145 DELTA BLVD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete
Name: POOLE, CHERYL L.
Address: 2145 DELTA BLVD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete
Name: BERGSTROM, BARBARA J
Address: 2145 DELTA BLVD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD ( ) Delete
Name: POOLE, NORMA R
Address: 2145 DELTA BLVD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM POOLE P DR 04/27/2006

Electronic Signature of Signing Officer or Director Date