

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06132

FILED
Apr 11, 2007
Secretary of State

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 ()

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:

KIM L. POOLE
2145 DELTA BLVD, SUITE 100
TALLAHASSEE, FL 32303 US

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: KIM L. POOLE

04/11/2007

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 (X) 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 L. POOLE

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date