

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90033 016 ***150.00

DOCUMENT # V06292

1. Entity Name

FLORIDA ENVIRONMENTAL ENGINEERING, INC.



Principal Place of Bus.

3195 N POWERLINE RD
STE 105 E
POMPANO BEACH FL 33069
US

Engineering

Florida Environmental I
1301 W. Copans Rd.,
Suite G3
Pompano Beach, FL 33064

40016985

2. Principal Place of Business

1301 W. Copans Rd
Suite, Apt. #, etc.
SUITE G3

3. Mailing Address

1301 W. Copans Rd.
Suite, Apt. #, etc.
SUITE G3



1st MOORE

CR2E034 (10/04)

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-0307656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERWILLIGER, WAYNE A.
2590 NE 53RD CT.
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME TERWILLIGER, WADE P.
STREET ADDRESS 239 MURRAY RD
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE DP ☐ Delete
NAME TERWILLIGER, WAYNE A.
STREET ADDRESS 2590 NE 53RD CT.
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/05 754-235-8703