

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90160 031 ***150.00

DOCUMENT # V33714

1. Entity Name
HIGH TECHNOLOGY ENGINEERING SERVICES, INC.



Principal Place of Business
**1715 WAHOO CIRCLE
PANAMA CITY BEACH, FL 32408 US**

Mailing Address
**PO BOX 28064
PANAMA CITY BEACH, FL 32411**



2. Principal Place of Business
124 Legend Lakes Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04232005 Chg-P CR2E034 (10/03)

City & State
Panama City Beach, FL
Zip Country
32408 US

City & State
Zip Country

4. FEI Number
59-3121594 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAMBLE, FLORENCE N
1715 WAHOO CT
PANAMA CITY BEACH, FL 32408**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
124 Legend Lakes Dr.
City **Panama City Beach, FL** Zip Code **32408**

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 *Florence Gamble* DATE *4/23/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VP	<input type="checkbox"/> Delete
NAME	GAMBLE, MICHAEL T	
STREET ADDRESS	1715 WAHOO CT	
CITY-ST-ZIP	PANAMA CITY BCH, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GAMBLE, FLORENCE N	
STREET ADDRESS	1715 WAHOO CT	
CITY-ST-ZIP	PANAMA CITY, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARIE, PERULLO	
STREET ADDRESS	1715 WAHOO CT	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	124 Legend Lakes Dr.	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	124 Legend Lakes Dr.	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	124 Legend Lakes Dr.	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Florence Gamble* **Florence N. Gamble** DATE *4/23/05* **236-5934**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR