

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90015 013 ***150.00

DOCUMENT # V33714

1. Entity Name

HIGH TECHNOLOGY ENGINEERING SERVICES, INC.



Principal Place of Business

124 LEGEND LAKES DR
PANAMA CITY BEACH FL 32408
US

Mailing Address

PO BOX 28064
PANAMA CITY BEACH FL 32411



2. Principal Place of Business - No P.O. Box #

124 Legend Lakes Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 28064
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Panama City, FL
Zip 32408 Country

City & State

Panama City, FL
Zip 32411 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
124 LEGEND LAKES DR
PANAMA CITY FL 32408

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, 2007 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 VP
NAME GAMBLE, MICHAEL T
STREET ADDRESS 124 LEGEND LAKES DR
CITY - ST - ZIP PANAMA CITY FL 32408 ☐ Delete

TITLE P
NAME GAMBLE, FLORENCE N
STREET ADDRESS 124 LEGEND LAKES DR
CITY - ST - ZIP PANAMA CITY FL 32408 ☐ Delete

TITLE ST
NAME MARIE, PERULLO
STREET ADDRESS 124 LEGEND LAKES
CITY - ST - ZIP PANAMA CITY FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Gamble 3/11/07 850 136-5934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #