


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # V33714	
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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
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03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3121594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAMBLE, FLORENCE N
124 LEGEND LAKES DR
PANAMA CITY, FL 32408

DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000877361

04/14/08-80011-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GAMBLE, MICHAEL T 124 LEGEND LAKES DR PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAMBLE, FLORENCE N 124 LEGEND LAKES DR PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARIE, PERULLO 124 LEGEND LAKES PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 04/01/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #