

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33714

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** HIGH TECHNOLOGY ENGINEERING SERVICES, INC.

**Current Principal Place of Business:**

124 LEGEND LAKES DR  
PANAMA CITY BEACH, FL 32408 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 28064  
PANAMA CITY BEACH, FL 32411

**New Mailing Address:**

**FEI Number:** 59-3121594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GAMBLE, MICHAEL T  
Address: 124 LEGEND LAKES DR  
City-St-Zip: PANAMA CITY, FL 32408

Title: P ( ) Delete  
Name: GAMBLE, FLORENCE N  
Address: 124 LEGEND LAKES DR  
City-St-Zip: PANAMA CITY, FL 32408

Title: ST ( ) Delete  
Name: MARIE, PERULLO  
Address: 124 LEGEND LAKES  
City-St-Zip: PANAMA CITY, FL 32408

**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:

I hereby certify that the information supplied with this filing does not qualify 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:** FLORENCE N. GAMBLE

PRES

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date