


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90078 005 ***158.75

DOCUMENT # V69432

1. Entity Name
RHON ERNEST-JONES CONSULTING ENGINEERS, INCORPORATED



Principal Place of Business Mailing Address
12500 WEST ATLANTIC BLVD **12500 WEST ATLANTIC BLVD**
CORAL SPRINGS, FL 33071 US **CORAL SPRINGS, FL 33071 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0362509 Not Applicable

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



6. Name and Address of Current Registered Agent

ERNEST-JONES, S. RHON
10885 NW 6 STREET
CORAL SPRINGS, FL 33071

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P	<input type="checkbox"/> Delete
NAME	ERNEST-JONES, S. RHON	
STREET ADDRESS	10885 NW 6TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VST	<input type="checkbox"/> Delete
NAME	ERNEST-JONES, ELLEN G	
STREET ADDRESS	10885 NW 6TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERNEST-JONES, EDWARD G	
STREET ADDRESS	10346 N.W. 16 COURT	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PINSON, SAMUEL H	
STREET ADDRESS	6440 NW 77TH PLACE	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	KETTELHUT, KURT H	
STREET ADDRESS	227 GOOLSBY BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas F. Donahue	
STREET ADDRESS	1637 E. Classical Blvd	
CITY-ST-ZIP	Deerfield Beach, FL 33445	

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: *Ellen G. Ernest-Jones* **2/3/2005** **(954) 344-9855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ellen G. Ernest-Jones

ATTACHMENT

Addition:

40014696
1169432

V

Paul S. Hrynko
10270 N.W. 48th Court
Coral Springs, FL 33076