


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003014 1. Entity Name LANIER AND ASSOCIATES CONSULTING ENGINEERS, INC.	
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Principal Place of Business 4101 MAGAZINE STREET NEW ORLEANS, LA 70115	Mailing Address 4101 MAGAZINE STREET NEW ORLEANS, LA 70115
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0771664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KING, CHARLES H JR
370 TWIN LAKES DRIVE
DEFUNIAK SPRINGS, FL 32433

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANIER, E. SORRELL 4101 MAGAZINE STREET NEW ORLEANS, LA 70115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHATAGNIER, GILBERT J 4101 MAGAZINE STREET NEW ORLEANS, LA 70115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANIER, ELEANOR B 4101 MAGAZINE STREET NEW ORLEANS, LA 70115
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02/02/04-80008-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: E. Sorrell 1/26/04 504-895-0368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #