



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000002165</b>	
1. Entity Name LYLE STOVER ENGINEERING, INC.	

Principal Place of Business 1000 HILLCREST ROAD, SUITE 210 MOBILE, AL 36695 US	Mailing Address 1000 HILLCREST ROAD, SUITE 210 MOBILE, AL 36695 US
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**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>63-1103514</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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, 2008 Fee will be \$550.00**

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

600000859259  
 04/02/08-80015-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LYLE, DAVID L 1000 HILLCREST ROAD, SUITE 210 MOBILE, AL 36695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHIRLEY, J. MICHAEL 1000 HILLCREST ROAD, SUITE 210 MOBILE, AL 36695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROHE, CAROLYN S 1000 HILLCREST ROAD, SUITE 210 MOBILE, AL 36695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Carolyn S. Rohe, Sec. Treas. 3/6/08 (251)634-1110

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