


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000062542

1. Entity Name
T3 ENGINEERING, INC.



Principal Place of Business Mailing Address

**11250 ALUMNI WAY
JACKSONVILLE, FL 32246** **11250 ALUMNI WAY
JACKSONVILLE, FL 32246**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1000341 Not Applicable

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

6. Name and Address of Current Registered Agent

**MAXWELL, RONALD W ESQ.
1812 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE, FL 32216-8931**

**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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TYER, CATHERINE R
STREET ADDRESS	108 PRINCE PHILLIP DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	TYER, JEFFREY R
STREET ADDRESS	108 PRINCE PHILLIP DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	TULLY, WILLIAM E III
STREET ADDRESS	10625 QUAIL RIDGE DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80050-019 158.75

**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 837, 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: *C. Tyer* C. Tyer 4/16/06 904-646-4299

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