


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P39328
 1. Entity Name
FARRIS ENGINEERING INC.



Principal Place of Business
11239 CHICAGO CIRCLE
OMAHA, NE 68154

Mailing Address
11239 CHICAGO CIRCLE
OMAHA, NE 68154



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0742107 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2006 Fee will be \$550.00

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

U00000527919
 05/05/06-80016-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LODES, ROBERT L. 11239 CHICAGO CIRCLE OMAHA, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KRONAIZL, GREGORY T. 11239 CHICAGO CIRCLE OMAHA, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHREIER, PHILIP M. 11239 CHICAGO CIRCLE OMAHA, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERKOLK, KEVIN 11239 CHICAGO CIRCLE OMAHA, NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBL, LYLE W 11239 CHICAGO CIRCLE OMAHA, NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASLEY, JERROLD C 11239 CHICAGO CIRCLE OMAHA, NE 68154

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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: Robert L. Lodes Robert L. Lodes 4/10/06 402 370 5900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #