2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P41039

FILED Mar 02, 2005 Secretary of State

Entity Name: MARTIN SURVEY ASSOCIATES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
	Y SPRINGS P	ARKW	AY		
STE 101 HOLLY SF	RINGS, GA 30)142	US		
urrent M	ailing Addres	s:		New Mailing Addre	ss:
O BOX 4 HOLLY SP	148 RINGS, GA 30)142	US		
El Number:	41-1455840	FEI N	umber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent	Registered Agent:	Name and Address	of New Registered Agent:
	CK, THOMAS				
	FO DRIVE LLE, FL 32440	US			
RACEVII he above	LE, FL 32440		this statement for the p	ourpose of changing its register	red office or registered agent, or both,
RACEVII	LE, FL 32440 named entity se of Florida.		this statement for the p	ourpose of changing its register	red office or registered agent, or both,
RACEVII he above i the State	LLE, FL 32440 named entity se of Florida. RE:	ubmits	this statement for the particles at the		red office or registered agent, or both, Date
RACEVII he above the State	named entity se of Florida. RE: Electron	ubmits			
GRACEVII The above the State GIGNATUR Clection Car	named entity se of Florida. RE: Electron	ubmits ic Sign	ature of Registered Ago	ent	
RACEVII The above The State GIGNATUR Ilection Car DFFICERS title: ame: ddress:	named entity set of Florida. RE: Electron Inpaign Financing	ic Signa Trust F FORS: Delete D., C TRACE	ature of Registered Ageund Contribution ().	ent	Date
GRACEVII The above The State GRATUF Jection Car	named entity see of Florida. RE: Electron npaign Financing S AND DIRECT DCP () MARTIN, GARY 425 HOLLY OAK CANTON, GA 36	ubmits ic Signa Trust F FORS: Delete D., CTRACE D114 Delete DN R., CTRACE	ature of Registered Age und Contribution ().	ADDITIONS/CHANC Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE M. DURDEN DV 03/02/2005