
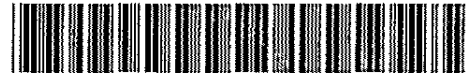


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | | |
|---|---------------------|---|
| DOCUMENT # P98000036041 1. Entity Name WHITLOCK LAND SURVEYING, INC. | |  |
| Principal Place of Business 103 SOUTH RIDGEWOOD DRIVE SEBRING FL 33870 | | Mailing Address 103 SOUTH RIDGEWOOD DRIVE SEBRING FL 33870 |
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |



1st MOORE CR2E034 (10/04)

| | | | | |
|--|--|--|--|---|
| 4. FEI Number 65-0861792 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | |
| WHITLOCK, JAMES WILLIAM JR. 103 SOUTH RIDGEWOOD DRIVE SEBRING FL 33870 | | | Name | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | City FL Zip Code | |

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 _____
Signature, typed or printed name of registered agent and title if applicable

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> Delete WHITLOCK, JAMES WILLIAM JR. | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS | 103 SOUTH RIDGEWOOD DRIVE | NAME | |
| CITY - ST - ZIP | SEBRING FL 33870 | STREET ADDRESS | |
| CITY - ST - ZIP | SEBRING FL 33870 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete WHITLOCK, KATHY | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | WHITLOCK, KATHY | NAME | |
| STREET ADDRESS | 103 SOUTH RIDGEWOOD DRIVE | STREET ADDRESS | |
| CITY - ST - ZIP | SEBRING FL 33870 | CITY - ST - ZIP | |
| CITY - ST - ZIP | SEBRING FL 33870 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete TEEPLE, SUSAN JOANNE | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | TEEPLE, SUSAN JOANNE | NAME | |
| STREET ADDRESS | 1531 CRESCENT DR. | STREET ADDRESS | |
| CITY - ST - ZIP | SEBRING FL 33870 | CITY - ST - ZIP | |
| CITY - ST - ZIP | SEBRING FL 33870 | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

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04/25/05-80056-005 150.00

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: *[Handwritten Signature]* Sec. / Sec. 4/22/05 (863) 471-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #