2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 341079

Title:

Name: Address:

City-St-Zip:

Entity Name: BUIS M. JONAS SURVEY STAKES, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8 MILES EAST OF BRANFORD ON SR 27 BRANFORD, FL 32008 **New Mailing Address: Current Mailing Address:** 6332 FERN LANE LAKELAND, FL 33813 FEI Number: 59-1235783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANFORD, GLENDA J SANFORD, GLENDA J 1400 GRAŚSLANDS BLVD 1130 N SUGARTREE LANE APT 58 LAKELAND, FL 33813 LAKELAND, FL 33803 US 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. SIGNATURE: 04/27/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SANFORD, CHARLES R. SANFORD, CHARLES R. Name: Name: 1400 GRASSLANDS BLVD APT 58 1130 N SUGARTREE LANE Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33813 Title: Title: PD () Delete (X) Change () Addition Name: SANFORD, GLENDA J Name: SANFORD, GLENDA J 1400 GRASSLANDS BLVD APT 58 1130 N SUGARTREE LANE Address: Address: LAKELAND, FL 33803 LAKELAND, FL 33813 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition STEELE, MARILEE O Name: Name: 6332 FERN LANE Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: M CHARLENE SANFORD T 04/27/2009

() Delete

SANFORD, M. CHARLENE

6332 FERN LANE

LAKELAND, FL

() Change () Addition