

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 401978

FILED
Jan 13, 2009
Secretary of State

Entity Name: JOHN F. KENEFICK, PHOTOGRAMMETRIC CONSULTANT, INC.

Current Principal Place of Business:

341 4TH AVE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

644 FRANKLYN AVENUE
INDIALANTIC, FL 32903 US

Current Mailing Address:

PO BOX 33488
INDIALANTIC, FL 32903 US

New Mailing Address:

644 FRANKLYN AVENUE
INDIALANTIC, FL 32903 US

FEI Number: 59-1395831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENEFICK,JOHN F
644 FRANKLYN AVENUE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KENEFICK,JOHN F,
Address: 644 FRANKLYN AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Delete
Name: KENEFICK,THERESA C,
Address: 644 FRANKLYN AVENUE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: JOHN F KENEFICK

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date