

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 534032

FILED
May 01, 2006
Secretary of State

Entity Name: STEPHENSON SURVEYING, INC.

Current Principal Place of Business:

4721 E. MOODY BLVD
BUNNELL, FL 32110

New Principal Place of Business:

4721 E. MOODY BLVD
STE 308
BUNNELL, FL 32110

Current Mailing Address:

P.O. BOX 1836
SOUTH RAILROAD ST.
BUNNELL, FL 32110

New Mailing Address:

P.O. BOX 1836
BUNNELL, FL 32110

FEI Number: 59-1843020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, DAN A
RT. 1 BOX 217-1
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

WILCOX, DAN A
436 CR 140
BUNNELL, FL 32110 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:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WILCOX, DAN A JR.
Address: 204 NORTH RAILROAD STREET
City-St-Zip: BUNNELL, FL 32110

Title: PD () Delete
Name: WILCOX, JUANA
Address: 204 NORTH RAILROAD STREET
City-St-Zip: BUNNELL, FL 32110

Title: VP () Delete
Name: WILCOX, DAN A
Address: 204 NORTH RAILROAD STREET
City-St-Zip: BUNNELL, FL 32110

Title: VP () Delete
Name: WILCOX, DAVID T
Address: 204 NORTH RAILROAD STREET
City-St-Zip: BUNNELL, FL

Title: D () Delete
Name: WARD, AMY W
Address: 204 NORTH RAILROAD STREET
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: KINNEY, DAWN W
Address: 52 PARK PLACE
City-St-Zip: BUNNELL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: DAVID T WILCOX

VP

05/01/2006

Electronic Signature of Signing Officer or Director

Date