2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 558577

Entity Name

DANIEL W. CORY, SURVEYOR, INC.



FILED Mar 24, 2004 08:00 AM Secretary of State

Principal Place of Business

300 CANAL STREET

NEW SMYRNA BEACH, FL 32168

Mailing Address

300 CANAL STREET

NEW SMYRNA BEACH, FL 32168



DO NOT WRITE IN THIS SPACE

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1838467 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORY, DANIEL W. 300 CANAL ST.

DO NOT WRITE IN THIS SPACE

NEW SMYRNA BEACH, FL				IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	urpose of changing its reg	sistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title t	(applicable (NOTE, Re	gistered Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	UNDD000094816 03/24/04-88007-024 150.00	
10.	OFFICERS AND DIREC	TORS		,	······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORY, DANIEL W 12 HARRIS CIRCLE EDGEWATER, FL			·		
TITLE HAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·	
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
HITLE NAME STREET ADORESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
TILE						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 out; 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:

STREET ADDRESS CITY-ST-ZIP

SCHATURE AND TYPED OR PRINTED NAME OF FIGURIOR OF

Daniel W. Corv

03/22/04

386-427-9575

Oete

Daytime Phone #