2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F65485

1. Entity Name
BRANDON SURVEYING & ENGINEERING
CONSULTANTS, INC.

Principal Place of Business	Mailing Address
123 MORROW CIRCLE BRANDON, FL 33510	540 S. LINDSEY RD SIDNEY, OH 45365

DO NOT WRITE IN THIS SPACE

01282007   No Chg-P   CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WORL, STEPEHN D.
123 MORROW CIRCLE
BRANDON, FL 33510

DO NOT WRITE
IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	WORL, STEPHEN D.
STREET ADDRESS	123 MORROW CIRCLE
CITY-ST-ZIP	BRANDON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-8U002-008 158.75

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	158,75
STREET ADDRESS	ck # 3237
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   1-29-07   937 492-6440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #