

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005420

Entity Name: GMR AERIAL SURVEYS, INC.

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

2670 WILHITE DR
LEXINGTON, KY 40503 US

New Principal Place of Business:

Current Mailing Address:

2670 WILHITE DR
LEXINGTON, KY 40503 US

New Mailing Address:

FEI Number: 61-1183895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO () Delete
Name: RITCHIE, G. MICHAEL
Address: 2670 WILHITE DR.
City-St-Zip: LEXINGTON, KY 40503

Title: AS () Delete
Name: RITCHIE, JOANN
Address: 2315 NICHOLASVILLE RD.
City-St-Zip: LEXINGTON, KY 40503

Title: SD () Delete
Name: COURTNEY, KRISTIN E
Address: 2670 WILHITE DR.
City-St-Zip: LEXINGTON, KY 40503

Title: VP () Delete
Name: MEADE, MARK E
Address: 2670 WILHITE DR
City-St-Zip: LEXINGTON, KY 40503

Title: VP () Delete
Name: SIMMONS, JEFFREY S
Address: 1410 INDIAN TRAIL RD
City-St-Zip: NORCROSS, GA 30093

Title: VP () Delete
Name: ASBECK, THOMAS A
Address: 2670 WILHITE DRIVE
City-St-Zip: LEXINGTON, KY 40503

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 Section 119.07(3)(i), 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: DERRICK RITCHIE

FA

01/11/2005

Electronic Signature of Signing Officer or Director

Date