

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90014 045 ***150.00

DOCUMENT # J31650

1. Entity Name
BOUNDARY AND MAPPING ASSOCIATES, INC.



Principal Place of Business
**109 WEST ORANGE STREET
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**109 WEST ORANGE STREET
ALTAMONTE SPRINGS, FL 32714 US**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2712542

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, JIMMY W.
701 REDWING DR.
LAKE MARY, FL 32746**

**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 **JIMMY W. JACKSON PRES** **12-30-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACKSON, JIMMY W. 701 REDWING DRIVE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKSON, RODNEY W. 295 VIA RUSSO LN. LAKE MARY, FL 32746
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **JIMMY W. JACKSON** **12-30-04** **407-696-1155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #