2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46442

FILED Jan 19, 2005 Secretary of State

Entity Name: DEGROVE SURVEYORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2131 CORPORATE SQUARE BOULEVARD JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 2131 CORPORATE SQUARE BOULEVARD JACKSONVILLE, FL 32216 FEI Number: 59-2742509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NILES, GORDON R PRES 2131 CORPORATE SQUARE BVLD JACKSONVILLE, FL 32216 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition NILES, GORDON RAY, NILES, GORDON R Name: Name:

2131 CORPORATE SQUARE BLVD 2131 CORPORATE SQUARE BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 Title: **VPD** Title: VPD (X) Change () Addition () Delete Name: TRACE, THOMAS P Name: TRACZ, THOMAS P 2131 CORPORATE SQUARE BLVD. 2131 CORPORATE SQUARE BLVD. Address: Address: JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip:

Title: TREA () Delete Title: () Change () Addition Name: NILES, MARY A Name:

Name: NILES, MARY A Name:
Address: 2131 CORPORATE SQUARE BLVD Address:
City-St-Zip: JACKSONVILLE, FL 32216 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: GORDON R. NILES PD 01/19/2005