



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # J77600</b><br>1. Entity Name<br>PROFESSIONAL SURVEY SYSTEMS, INC. |  |
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| Principal Place of Business<br>3226 RIVER ROAD<br>GREEN COVE SPRINGS, FL 32043 | Mailing Address<br>3226 RIVER ROAD<br>GREEN COVE SPRINGS, FL 32043 |
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| 03312008 No Chg-P CR2E034 (11/05)  |                                       |
| 4. FEI Number<br>59-2812759  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>               | <b>\$8.75</b> Additional Fee Required |

|  |                               |
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| 6. Name and Address of Current Registered Agent<br><br>WRIGHT, III, CLABOURNE H<br>3226 RIVER ROAD<br>GREEN COVE SPRINGS, FL 32043 | DO NOT WRITE<br>IN THIS SPACE |
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| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   | DATE _____ |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U00000908143<br>05/06/08-80017-009 158.75 |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WRIGHT, III, CLABOURNE H<br>3226 RIVER RD<br>GREEN COVE SPRINGS, FL 32043 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| 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: <u>Clabourne H. Wright III</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  | Date <u>4-10-08</u> (904) 272-3696<br>Daytime Phone # |