2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# K62100

Entity Name: A. E. ANDY ANDREWS LAND SURVEYING, INC.

Current Principal Place of Business:

53 HERRICK DRIVE
P.O. BOX 861
EUSTIS, FL 327277861

New Principal Place of Business:

Current Mailing Address:

53 HERRICK DRIVE
P.O. BOX 861
EUSTIS, FL 327277861

New Mailing Address:

FEI Number: 59-2935800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINKOFF, SANFORD
1150 E. HWY 441
TAVARES, FL 32778

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: VP ( ) Delete
Name: ANDREWS, A E,
Address: 3297 CR 610/PO BOX 1871
City-St-Zip: BUSHNELL, FL 33513

Title: P ( ) Delete
Name: ANDREWS, MARLENE S,
Address: 3297 CR 610/PO BOX 1871
City-St-Zip: BUSHNELL, FL 33513

Title: ST ( ) Delete
Name: ANDREWS, DARRELL
Address: 3297 CR 610/PO BOX 1871
City-St-Zip: BUSHNELL, FL 33513

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:

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: MSA P 04/05/2004

Electronic Signature of Signing Officer or Director — Date