

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90147 024 \*\*\*150.00

**DOCUMENT # L01000007676**

1. Entity Name  
**MID-STATE SURVEYING & MAPPING, L.L.C.**



Principal Place of Business  
**1936 LEE ROAD SUITE 101  
C/O WEBSTER & PARTNERS, P.L.  
WINTER PARK, FL 32789**

Mailing Address  
**1936 LEE ROAD SUITE 101  
C/O WEBSTER & PARTNERS, P.L.  
WINTER PARK, FL 32789**

**64064327**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**59-3718842**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**W & P SERVICES, INC.  
1936 LEE ROAD SUITE 101  
C/O WEBSTER & PARTNERS, P.L.  
WINTER PARK, FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME MIZO, EDWARD J JR.  
STREET ADDRESS 1936 LEE ROAD SUITE 101  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGR PST ☒ Change ☐ Addition  
NAME ---  
STREET ADDRESS ---  
CITY-ST-ZIP ---

TITLE MGR ☐ Delete  
NAME MIZO, CHARLES F  
STREET ADDRESS 1936 LEE ROAD SUITE 101  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGR VAS ☒ Change ☐ Addition  
NAME ---  
STREET ADDRESS ---  
CITY-ST-ZIP ---

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/28/04**

Daytime Phone # **324-436-9891**

**EDWARD MIZO**