

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38122

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SEA LEVEL SURVEYING AND MAPPING, INC.

## Current Principal Place of Business:

1219 MAINE AVE  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

## Current Mailing Address:

1219 MAINE AVE  
LYNN HAVEN, FL 32444

## New Mailing Address:

FEI Number: 59-2985489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAM E. MCDANIEL  
1219 MAINE AVE.  
LYNN HAVEN, FL 32444      US

## 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: D ( ) Delete  
Name: MCDANIEL, WILLIAM E.,  
Address: 1219 MAINE AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: V ( ) Delete  
Name: SCHWINN, TERESA  
Address: 6710 LAKE DR  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: T ( ) Delete  
Name: COOK, KAMALI  
Address: 120 TREASURE PALM DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: S ( ) Delete  
Name: LIEWELLYN, THOMAS  
Address: 7001 KEIBER STREET  
City-St-Zip: YOUNGSTOWN, FL 32466 US

## 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:

Title: S (X) Change ( ) Addition  
Name: COLSON, MILTON  
Address: 16308 ANDERSON RD.  
City-St-Zip: FOUNTAIN, FL 32438 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM E. MCDANIEL

D

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date