


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90289 020 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # L44388</b>                     |  |
| 1. Entity Name<br>GT SURVEYING SERVICES INC. |   |

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|--|--|
| Principal Place of Business<br>2636 WESTGATE AVE<br>WEST PALM BEACH, FL 33409 US | Mailing Address<br>2636 WESTGATE AVE<br>WEST PALM BEACH, FL 33409 US |
|--|--|

20044410

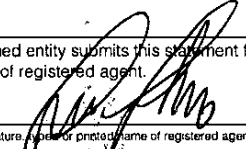
|  |   |
|--|---|
| 2. Principal Place of Business<br>1860 OLD OKEECHOBEE RD<br>Suite, Apt. #, etc.<br>501<br>City & State<br>WEST PALM BEACH<br>Zip<br>33409-5242<br>Country<br>USA | 3. Mailing Address<br>Suite, Apt. #, etc.<br>SAME<br>City & State<br>SAME<br>Zip<br>Country |
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01042005 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>65-0161065  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                               |
| 6. Name and Address of Current Registered Agent<br>FURLANO, GINO<br>2636 WESTGATE AVE<br>WEST PALM BEACH, FL 33409   |                               |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>1860 OLD OKEECHOBEE RD.<br>Suite 501<br>City<br>WEST PALM BEACH FL Zip Code<br>33409-5242 |                               |

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.

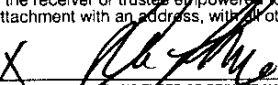
SIGNATURE:  DATE: 4/18/05

(NOTE: Registered Agent signature required when reinstating)

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|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>FURLANO, GINO<br>2636 WESTGATE AVE<br>WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1860 OLD OKEECHOBEE RD. #501<br>WEST PALM BEACH, FL 33409-5242 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>HOHMAN, JOHN<br>6951 LAKESIDE DR<br>WEST PALM BEACH, FL <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. 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 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:  DATE: 4/18/05 (561) 688-0553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR