


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L58830
 1. Entity Name
SCR SURVEYING & MAPPING, INC.



Principal Place of Business
 1617 TENNESSEE AVE
 P.O. BOX 958
 LYNN HAVEN, FL 32444 US

Mailing Address
 % SKIPPER C RUTHERFORD
 P.O. BOX 958
 LYNN HAVEN, FL 32444



DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2895911 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SKIPPER C RUTHERFORD
 1617 TENNESSEE AVE
 LYNN HAVEN, FL 32444

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	RUTHERFORD, SKIPPER C
STREET ADDRESS	1617 TENNESSEE AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	VP/D
NAME	WHITE, DERWIN R
STREET ADDRESS	4116 N. HIGHWAY 231
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	S/T
NAME	RUTHERFORD, BRENDA C
STREET ADDRESS	1617 TENNESSEE AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	HILTON, L. CHARLES
STREET ADDRESS	4116 N. HIGHWAY 231
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	BENSE, ALLAN G
STREET ADDRESS	4116 N. HIGHWAY 231
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	DODD, RICHARD M
STREET ADDRESS	4116 N. HIGHWAY 231
CITY-ST-ZIP	PANAMA CITY, FL 32404

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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: Brenda C Rutherford 1-28-2005 850-265-6979
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #