FILED Jan 31, 2005 8:00 am Secretary of State 01-31-2005 90077 016 ***150.00 **2005 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # P00000026906

1. Entity Name MARK E. BASSETT LAND SURVEYING AND MAPPING,					
INC.	Little that Control of the Control o				
Principal Place of Business 4047, BEE RIDGE RD SUITE B SARASOTA, FL 34233	Mailing Address 4047 BEE RIDGE RD 8 SARASOTA, FL 34233	ar market m	Control of the Contro	50008	174
2. Principal Place of Business 1899 PORTER Lake Dr.	3. Mailing Address	akl Dr.			
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>	01272005 Chg-P	CR2E034 (10/03)	
Samsota, FL	EL Samsota, FL		4. FEI Number 65-0990290		olied For Applicable
Zip Country 34240 SARASOTA 6. Name and Address of Current F	34240 SA	Untry RASOTA	Certificate of Status Desired Name and Address of New	Fee Hequired	
		Name			
BASSETT, MARK E 228 WOODLAND DRIVE SARASOTA, FL 34229	Street Address (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 as		tered Agent signature require		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	S. Election Campaign Fir Trust Fund Contribution	nancing \$5 on. Add	.00 May Be ded to Fees		
10. OFFICERS AND I	DIRECTORS 1	1,	ADDITIONS/CHANGES TO O		
ITITLE PD NAME BASSETT, MARK E STREET ADDRESS 228 WOODLAND DRIVE CITY-ST-ZIP SARASOTA, FL 34229	N S	ITILE HAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ITILE VD NAME ECKERT, JOHN F STREET ADDRESS 527 PEACH STREET CITY-ST-ZP VENICE, FL 34292	☐ Delete T	IIILE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
- TITLE	M	NAME STREET ADDRESS CITY-ST-ZIP		() Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, M	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, with the supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, with the supplemental reports of the supplemental report is supplemental reports of the supplemental report is supplemental report is of the corporation or the receiver or trustee emports of the supplemental report is of the corporation or the receiver or trustee emports of the supplemental report is of the corporation or the receiver or trustee emports of the supplemental report is of the corporation or the receiver or trustee emports of the supplemental report is of the supplemental report is of the supplemental reports of the sup	owered to execute this report as re with all other like empowered.	quired by Chapter 60	07, Florida Statutes; and that my na	is. I further certify that the intercept of the coath; that I am an officer ame appears in Block 10 or a page of the coath	Block 11 if