

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029742

FILED
Apr 13, 2005
Secretary of State

Entity Name: GEODETIC SERVICES, INC.

Current Principal Place of Business:

1511 RIVERVIEW DR
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1511 RIVERVIEW DR
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1741593 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, JOHN D
1511 RIVERVIEW DR
MELBOURNE, FL 32901 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: PD () Delete
Name: BROWN, J D
Address: 525 BAHAMA DR
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: V () Delete
Name: JOHANNING, G J
Address: 2619 REED AVE
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: BROWN, T M
Address: 458 OAKLAND AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Delete
Name: HARTSOCK, K E
Address: 3653 HERON DR
City-St-Zip: MELBOURNE, FL 32901

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: HARTSOCK, K E
Address: 1270 INDIAN OAKS DR.
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN HARTSOCK

S

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date