





**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90365 047 \*\*\*150.00

<b>DOCUMENT # P00000043390</b>		
1. Entity Name TMC SURVEYING, INC.		
Principal Place of Business 143 S MAIN ST BROOKSVILLE, FL 34601		Mailing Address 143 S MAIN ST BROOKSVILLE, FL 34601
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01062006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3641984 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  COIL, TIMOTHY A 143 S MAIN ST BROOKSVILLE, FL 34601		<b>DO NOT WRITE IN THIS SPACE</b>
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:  <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD COIL, TIMOTHY A 143 S MAIN ST BROOKSVILLE, FL 34601	
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<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 go-address, with all other like empowered.  SIGNATURE:  5/9/06 352-797-0211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		