2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attach

SIGNATURE:

an address

with all other like empowered.

GNING OFFICER OR DIRECTOR

Feb 08, 2005 8:00 am **Secretary of State** DOCUMENT # P00000085569 1. Entity Name 02-08-2005 90004 015 ***150.00 SURVEY DYNAMICS, INC. Principal Place of Business オハハTオハハハ 1935 EAST EDGEWOOD DRIVE 1935 EAST EDGEWOOD DRIVE BUILDING J LAKELAND FL 33803 BUILDING J LAKELAND FL 33803 2. Principal Place of Business CR2E034 (10/04) City & State Applied For 4. FEI Number 65-1037509 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent G, T, M, W, & S P.A. #01 E. KENNEDY BLVD., #1000 **TAMPA FL 33602** 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS TITLE Change ☐ Addition ☐ Delete TITLE Billy R. Davis DAVIS, BILLY R JR NAME NAME 1953 E. Edgewood Dr 501 W PEACHTREE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP **VPDT** TITLE ☐ Delete TITLE . Addition LORI Ramey RAMEY, LORI 3180 N Cleveland are #338 STREET ADDRESS 13180 N CLEVELAND AVE #313 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33903 CITY-ST-7IP TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 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 of 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

FILED