

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000101757

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** SNELGROVE SURVEYING & MAPPING, INC.

**Current Principal Place of Business:**

2840 JEFFERSON ST  
SUITE C  
MARIANNA, FL 32448

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 836  
MARIANNA, FL 32447

**New Mailing Address:**

**FEI Number:** 59-3679803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BONDURANT, FRANK E  
4428 LAFAYETTE ST  
MARIANNA, FL 32446 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SNELGROVE, PAUL A  
Address: 2491 SPRING CREEK RD  
City-St-Zip: MARIANNA, FL 32448

Title: V  
Name: REID, EDWARD W  
Address: 24916 NE CA RD., #69-A  
City-St-Zip: ALTHA, FL 32421

Title: S  
Name: SNELGROVE, S. GAIL  
Address: 2491 SPRING CREEK RD  
City-St-Zip: MARIANNA, FL 32448

Title: V  
Name: SNELGROVE, JESSE A  
Address: 5142 ROCKY CREEK RD  
City-St-Zip: MARIANNA, FL 32448

I hereby 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 all other like empowered.

SIGNATURE: S. GAIL SNELGROVE

S

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date