## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000108861

Entity Name: W. M. COTHERN SURVEYING, INC

FILED Feb 19, 2009 Secretary of State

y	<b></b>	OTTIERRY CORVETING, IIVO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ANGE STREI D, FL 33801	ĒΤ			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ANGE STREI D, FL 33801	ΞΤ			
FEI Number	: 59-3687369	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
COTHERN, W.M. 946 E. ORANGE STREET LAKELAND, FL 33801 US			946 E. ORÂNGE STRE	COTHERN, WILLIAM M 946 E. ORANGE STREET LAKELAND, FL 33801 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: WILLIAM M COTHERN				02/19/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( COTHERN, W 4527 OAKGLE LAKELAND, F	EN ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( COTHERN, DI 4527 OAKGLE LAKELAND, F	EN ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	COTHERN, W	OX HOLLOW DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( COTHERN, KA	) Delete ATHERN F	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM M COTHERN D 02/19/2009

1209 GREY FOX HOLLOW DRIVE

WINTER HAVEN, FL 33880

Address:

City-St-Zip: