


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr-22, 2004 08:00 AM  
Secretary of State

DOCUMENT # P01000031646 1. Entity Name KJM SURVEYING, INC.	
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Principal Place of Business 4227 N DAVIS HWY, BLDG A PENSACOLA, FL 32503	Mailing Address 4227 N DAVIS HWY, BLDG A PENSACOLA, FL 32503
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MONIE, KENNETH J 4227 N DAVIS HWY, BLDG A PENSACOLA, FL 32503	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000123902 04/22/04-80023-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONIE, KENNETH 4227 N DAVIS HWY, BLDG A PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MONIE, TINA 4227 N DAVIS HWY, BLDG A PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an address, with all other like empowered.

SIGNATURE: Kenneth Monie KENNETH MONIE 4/20/04 850-438-0202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #