## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P02000011530

1. Entity Name PRO-LINE SURVEY SUPPLY, INC.



Principal Place of Business

10265 BEACH BLVD. JACKSONVILLE, FL 32246 Mailing Address 10265 BEACH BLVD. JACKSONVILLE, FL 32246

**FILED** Mar 17, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

03042008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 37-1435520 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

**NETTUNO, ANTHONY** 10265 BEACH BLVD. JACKSONVILLE, FL 32246

## DO NOT WRITE IN THIS SPACE

| the obligat  | ions of registered agent.   |  | _     |                                |   |
|--|---|--|-------|--------------------------------|---|
| SIGNATURE  |   |  |       |                                |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |  |       |                                |   |
|  |   | Election Campaign Financ<br>Trust Fund Contribution. | ing 🔲 | \$5.00 May Be<br>Added to Fees | 000000859265<br>04/02/08-80015-018 150.00 |
| 10. OFFICERS AND DIRECTORS   |   |  |       |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>NETTUNO, ANTHONY<br>10265 BEACH BLVD.<br>JACKSONVILLE, FL 32246 |  |       |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |       |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |       | DO                             | NOT WRITE                                 |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |       | IN T                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |       |                                |   |
| TITLE 4 -  |   | <u> </u>   |       |                                |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |       |                                |   |
| 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 trusteet impowered 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 |   |  |       |                                |   |

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RECTOR

ED OR PRINTED NAME OF SIGNING OFFICER OF

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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