## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Jul 11, 2006 8:00 am Secretary of State DOCUMENT # P02000053757 07-11-2006 90022 033 \*\*\*150.00 CORNERSTONE SURVEYING & MAPPING, INC. Principal Place of Business Mailing Address 7 U U U U V ~ ~ 814 ELM FOREST DRIVE 814 ELM FOREST DRIVE CLERMONT, FL 34711 CLERMONT, FL 34711 2. Principal Place of Business 814 EUM FOREST DR Suite, Apt. #, etc 07062006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 01-0700806 Not Applicable 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 Name HOLLAND, RANDY Street 814 ELM FOREST DRIVE CLERMONT, FL 34711 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 the obligations of registered agent SIGNATURE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ☐ Delete TITLE TITLE Change Addition NAME HOLLAND, RANDY NAME STREET ADDRESS 814 ELM FOREST DRIVE STREET ADDRESS CITY-ST-ZIP MINNROLA, FL 34715 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 ☐ Delete Change Addition NAME NAME 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 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 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.

FILED