2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000126558

1. Entity Name
EFIRD SURVEYING GROUP, INC.

Principal Place of Business	Mailing Address
1012 N WOODLAND BLVD DELAND, FL 32720	1012 N WOODLAND BLVD DELAND, FL 32720

01032008   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number
54-2083919
Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EFIRD, MARJORIE L ~~512 RHODES DR.~~ 998 Buckles Rd. ~~DELAND, FL 32720~~ Pierson, Fl. 32180	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EFIRD, LARRY R JR.		NAME	
STREET ADDRESS	~~512 RHODES DR.~~ 998 Buckles Rd.		STREET ADDRESS	
CITY-ST-ZIP	~~DELAND, FL 32720~~ Pierson, Fl. 32180		CITY-ST-ZIP	
TITLE	VTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EFIRD, MARJORIE L		NAME	
STREET ADDRESS	~~512 RHODES DR.~~ 998 Buckles Rd.		STREET ADDRESS	
CITY-ST-ZIP	~~DELAND, FL 32720~~ Pierson, Fl. 32180		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ 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	
TITLE		☐ Delete	TITLE	☐ 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.

SIGNATURE: _Marjorie Efird_   Marjorie Efird   02.29.08   386 740.4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #