

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129998

FILED
Mar 15, 2004
Secretary of State

Entity Name: DAVID MELVIN SURVEYING AND MAPPING, INC.

Current Principal Place of Business:

36330 VIA MARCIA
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

36330 VIA MARCIA
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 45-0492663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELVIN, DAVID
36330 VIA MARCIA
FRUITLAND PARK, FL 34731

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MELVIN, DAVID
Address: 36330 VIA MARCIA
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VS () Delete
Name: MELVIN, SHIRLEY
Address: 36330 VIA MARCIA
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VD () Delete
Name: LEE, SCOTT C
Address: 36305 S FISHCAMP RD
City-St-Zip: GRAND ISLAND, FL 32735

Title: T () Delete
Name: LEE, TIFFANY S
Address: 36305 S FISHCAMP RD
City-St-Zip: GRAND ISLAND, FL 32735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: SCOTT C. LEE

VD

03/15/2004

Electronic Signature of Signing Officer or Director

_____ Date