
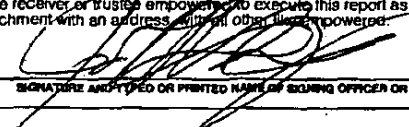


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-28-2004 90238 014 ***150.00

DOCUMENT # P03000028440					
1. Entity Name SOUTHEAST SURVEYING GROUP, INC.					
Principal Place of Business 8431 NEW KINGS RD JACKSONVILLE, FL 32219			Mailing Address 8431 NEW KINGS RD JACKSONVILLE, FL 32219		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 06-1687969				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLBROOK COLD, KATHLEEN STE 2301, ONE INDEPENDENT DR JACKSONVILLE, FL 32202			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$950.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REAVES, JOHN J JR		NAME		
STREET ADDRESS	8431 NEW KINGS RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32219		CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Kenneth Drake		NAME		
STREET ADDRESS	8431 New Kings Road		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32219		CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Carlos Martinez		NAME		
STREET ADDRESS	8431 New Kings Road		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32219		CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	John J Reaves III		NAME		
STREET ADDRESS	8431 New Kings Road		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32219		CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Shawn Reaves		NAME		
STREET ADDRESS	8431 new Kings Road		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32219		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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, title or other designation.					
SIGNATURE: 			Date: 4/23/04 Daytime Phone #: (904) 765-4660		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					