

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90350 022 ***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**

50040728



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1687969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLBROOK COLD, KATHLEEN
STE 2301, ONE INDEPENDENT DR
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAVES, JOHN J JR 8431 NEW KINGS RD JACKSONVILLE, FL 32219 <i>President/Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRAKE, KENNETH 8431 NEW KINGS ROAD JACKSONVILLE, FL 32219 <i>1st. Vice Pres.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, CARLOS 8431 NEW KINS ROAD JACKSONVILLE, FL 32219 <i>2nd Vice Pres.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REAVES, JOHN J III 8431 NEW KINS ROAD JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REAVES, SHAWN 8431 NEW KINS ROAD JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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, without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John J. Reaves, Jr. 4/14/05 904 765-4660