

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul-18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000123298

1. Entity Name
RICHARD A. WISHAM SURVEYING, INC.



Principal Place of Business

**11773 S US HWY 441
BELLEVIEW, FL 34420**

Mailing Address

**P.O. BOX 2541
BELLEVIEW, FL 34421**



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0216393

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WISHAM, RICHARD A
11773 S US HWY 441
BELLEVIEW, FL 34420**

**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

07/18/05-80008-018 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WISHAM, RICHARD A
STREET ADDRESS	P O BOX 2541
CITY-ST-ZIP	BELLEVIEW, FL 34421
TITLE	D
NAME	WISHAM, MICHELLE L
STREET ADDRESS	P.O. BOX 2541
CITY-ST-ZIP	BELLEVIEW, FL 34421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELLE L. WISHAM

7/6/05 352 245-6319

Date

Daytime Phone #