2008 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Jan 08, 2008 08:00 AM DOCUMENT # P04000038151 **Secretary of State CENTRAL FLORIDA ENGINEERING, SURVEYING &** MAPPING, INC. Principal Place of Business Mailing Address 3703 EAST FOREST DRIVE **3703 EAST FOREST DRIVE INVERNESS, FL 34453** INVERNESS, FL 34453 CR2E034 (11/05) 01032008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0864086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, GARY W DO NOT WRITE 3703 EAST FOREST DRIVE INVERNESS, FL 34453 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PST TITLE SMITH, GARY W NAME STREET ADDRESS 3703 EAST FOREST DRIVE CITY-ST-ZIP INVERNESS, FL 34453

U00000775607 01/08/08-80036-010 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 attaching nt with an address, with all other life empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-03-08

262.344-2016

Daytime Phone #