

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000044408**

1. Entity Name  
**KEITH JOHNSON PROFESSIONAL SURVEYOR &  
MAPPER, INC.**



Principal Place of Business  
**8185 EASEMENT RD.  
MELROSE, FL 32666 US**

Mailing Address  
**8185 EASEMENT RD.  
MELROSE, FL 32666 US**



03232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0991314**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MONAHAN, KEVIN R  
601 ST. JOHNS AVE.  
PALATKA, FL 32177**

**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 re-stating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000753700  
05/22/07-80031-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JOHNSON, WOODROW K  
8185 EASEMENT RD.  
MELROSE, FL 32666**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JOHNSON, WOODROW K  
8185 EASEMENT RD.  
MELROSE, FL 32666**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
JOHNSON, WOODROW K  
8185 EASEMENT RD.  
MELROSE, FL 32666**

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
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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 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 attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-07**

Date

**352 475 9696**  
Daytime Phone #