2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# P04000057742

Entity Name: CODY'S PROFESSIONAL SURVEYING & MAPPING, INC.

Current Principal Place of Business:

550 BALMORAL CIRCLE NORTH
SUITE 208
JACKSONVILLE, FL 32218

New Principal Place of Business:

550 BALMORAL CIRCLE NORTH
SUITE 205
JACKSONVILLE, FL 32218

Current Mailing Address:

550 BALMORAL CIRCLE NORTH
SUITE 208
JACKSONVILLE, FL 32218

New Mailing Address:

550 BALMORAL CIRCLE NORTH
SUITE 205
JACKSONVILLE, FL 32218

FEI Number: 20-0959122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VINCENT, JASON L
550 BALMORAL CIRCLE NORTH
SUITE 208
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

VINCENT, JASON L
550 BALMORAL CIRCLE NORTH
SUITE 205
JACKSONVILLE, FL 32218 US

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.

SIGNATURE: 02/10/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FLOWERS, ROY T JR.
Address: 550 BALMORAL CIRCLE NORTH, STE 208
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPSD ( ) Delete
Name: VINCENT, JASON L
Address: 550 BALMORAL CIRCLE NORTH, STE 208
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPAD ( ) Delete
Name: JAMES, KELLY M
Address: 6215 WILSON BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FLOWERS, ROY T JR.
Address: 550 BALMORAL CIRCLE NORTH, STE 205
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPSD (X) Change ( ) Addition
Name: VINCENT, JASON L
Address: 550 BALMORAL CIRCLE NORTH, STE 205
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON L VINCENT VPSD 02/10/2006
Electronic Signature of Signing Officer or Director — Date