

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000057742

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

550 BALMORAL CIRCLE NORTH  
SUITE 205  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

5035 NOLA CT.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

550 BALMORAL CIRCLE NORTH  
SUITE 205  
JACKSONVILLE, FL 32218

**New Mailing Address:**

PO BOX 7540  
JACKSONVILLE, FL 32238

**FEI Number:** 20-0959122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLOWERS, ROY T JR  
550 BALMORAL CIRCLE NORTH  
SUITE 205  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

FLOWERS, ROY T JR  
5035 NOLA CT.  
JACKSONVILLE, FL 32210 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:

Electronic Signature of Registered Agent

02/17/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FLOWERS, ROY T JR.  
Address: 5035 NOLA CT.  
City-St-Zip: JACKSONVILLE, FL 32238

I hereby 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 all other like empowered.

SIGNATURE: ROY T FLOWERS JR

PD

02/17/2011

Electronic Signature of Signing Officer or Director

Date