✓ 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 07, 2006 8:00 am Secretary of State DOCUMENT # P05000031441 07-07-2006 90003 047 ***158.75 ADVANCED SURVEYING AND MAPPING, INC. Principal Place of Business Mailing Address 1953 E EDGEWOOD DR 1953 E EDGEWOOD DR 50021804 LAKELAND, FL 33803 LAKELAND, FL 33803 2. Principal Place of Business 3. Mailing Address 1953 E Edgewood Drive 1953 E. Edgewood Drive Suite, Apt. #. etc 07032006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 63-0555*82*2 Not Applicable akeland akelana Florida Zip \$8.75 Additional 5. Certificate of Status Desired Inited States Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 1228 ROLLINGWOODS LANE LAKELAND, FL 33813 City Zip Code FL. 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 age 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Vice President ☐ Change **Addition** ☐ Delete TITLE TITLE Alberta T. Barnhart 1030 S. Dudley Avenue NAME NAME STREET ADDRESS STREET ADDRESS Bartow, FL 33830 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P Delete TITLE ☐ Change ■ Addition THTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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