

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000043169	
1. Entity Name EXPEDITION SURVEYING & ENGINEERING, INC.	
Principal Place of Business 304 NW 5TH STREET OKEECHOBEE, FL 34972	Mailing Address P. O. BOX 1610 OKEECHOBEE, FL 34973



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent MAXWELL, DEVIN R 405 NW THIRD STREET OKEECHOBEE, FL 34972		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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDP WILSON, JOHN P. O. BOX 1610 OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCFO MCCAFFERTY, RANDY 7881 SW ELLIPSE WAY STEWART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CORBERTT, MELISSA 7881 SW ELLIPSE WAY STEWART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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 fees empowered.

SIGNATURE:

John A. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2007
Date

863 357 6628
Daytime Phone #