


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90088 050 ***158.75

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|---|---------------------|---|--|---|--|-------|-----|---------------------------------|------|-------------------|--|----------------|------------------|--|-----------------|---------------------|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|
| DOCUMENT # P05000046654 1. Entity Name HUB CITY SURVEYING & MAPPING, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 1125 KENNETH AVE CRESTVIEW, FL 32536 | | | Mailing Address 1125 KENNETH AVE CRESTVIEW, FL 32536 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | Country | Zip | Country | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent JOHNSON, ROBERT F 1125 KENNETH AVE CRESTVIEW, FL 32536 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PVS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, ROBERT F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1125 KENNETH AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CRESTVIEW, FL 32536</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> | | | | | | TITLE | PVS | <input type="checkbox"/> Delete | NAME | JOHNSON, ROBERT F | | STREET ADDRESS | 1125 KENNETH AVE | | CITY - ST - ZIP | CRESTVIEW, FL 32536 | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | PVS | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | JOHNSON, ROBERT F | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 1125 KENNETH AVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | CRESTVIEW, FL 32536 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 an address, with all other like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: <u>Robert F. Johnson</u> ROBERT F. JOHNSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 3/13/2006 850 682-4385 <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |