

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000140047

1. Entity Name
WEINERT SURVEYING & MAPPING, INC.



Principal Place of Business
5014 KINGMEADOW LANE
JACKSONVILLE, FL 32217

Mailing Address
5014 KINGMEADOW LANE
JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

**FILED
May 02, 2007 8:00 am
Secretary of State**

05-02-2007 90086 031 ***150.00



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3152364	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILLIAMS, HENRY
10644 SQUIRES COURT
JACKSONVILLE, FL 32257-3342

**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. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WEINERT, JEFFREY H 5014 KINGSMEADOW LN JACKSONVILLE, FL 322179501
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Jeff Weinert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07 904-509-8562