

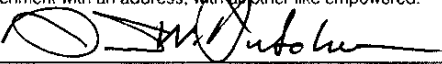


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-02-2007 90019 029 \*\*\*150.00

<b>DOCUMENT # P06000138685</b> 1. Entity Name <b>CAPITAL ENGINEERING &amp; SURVEYING, INC.</b>					
Principal Place of Business <b>321 SPRUCE CREEK DRIVE TALLAHASSEE, FL 32312</b>			Mailing Address <b>321 SPRUCE CREEK DRIVE TALLAHASSEE, FL 32312</b>		
2. Principal Place of Business - No P.O. Box # <b>318 N. Monroe St</b> Suite, Apt. #, etc.		3. Mailing Address <b>318 N. Monroe St</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b> Zip <b>32301</b>		City & State <b>Tallahassee, FL</b> Zip <b>32301</b>		4. FEI Number <b>20-5818172</b>	
Country <b>Leon</b>		Country <b>Leon</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUTCHESON, DAVID W 321 SPRUCE CREEK DRIVE TALLAHASSEE, FL 32312</b>			7. Name and Address of New Registered Agent Name <b>David W. Hutcherson</b> Street Address (P.O. Box Number is Not Acceptable) <b>318 N. Monroe Street</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>		
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  <b>David W. Hutcherson</b> <b>3/1/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HUTCHESON, DAVID W 321 SPRUCE CREEK DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHESON, OLIVIA M 321 SPRUCE CREEK DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUTCHESON, KENDAHL D 321 SPRUCE CREEK DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HUTCHESON, SHEILA L 321 SPRUCE CREEK DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 another like empowered.					
SIGNATURE:  <b>David W. Hutcherson</b> <b>3/1/2007</b> <b>422-0020</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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