

FILED
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Secretary of State

01-29-2008 90009 011 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000091973			
1. Entity Name KNAPP SURVEYING, INC.			
Principal Place of Business 270 S.E. PALMETTO AVENUE KEYSTONE HEIGHTS, FL 32656		Mailing Address POST OFFICE BOX 386 KEYSTONE HEIGHTS, FL 32656	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0751713		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWELL, PAUL D 260A LAWRENCE BLVD. SUITE 201 KEYSTONE HEIGHTS, FL 32656		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, type or printed name of registered agent and file of application (NOTE: Registered Agent Signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P KNAPP, JOSEPH G 270 S.E. PALMETTO AVENUE KEYSTONE HEIGHTS, FL 32656 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/T KNAPP, JUDITH H 270 S.E. PALMETTO AVENUE KEYSTONE HEIGHTS, FL 32656 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this form 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: <i>Joseph G. Knapp</i> JOSEPH G. KNAPP, Pres.		1-26-08 352-473-3166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Declared Phone #	