## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000050330

Name:

Address: City-St-Zip: FILED Mar 04, 2009 Secretary of State

DOCON		000000000				31	cciciaiy (	71 State
Entity Nar	ne: INVISION	IS SURVEYING & MAPPING	G, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
SUITE 300			850 E. LEN BARTOW,					
LAKELAND, FL 33801 US  Current Mailing Address:				New Mailing Address:				
Current W	anny Addres	New Maning Address.						
500 S. FLORIDA AVENUE SUITE 300				850 E. LEMON STREET BARTOW, FL 33830 US				
	D, FL 33801	US		DAILTOW,	1 L 33030	00		
FEI Number:	26-3535951	FEI Number Applied For ( )	FEI Nui	mber Not Appl	icable ( )	Certifica	ate of Status De	esired ( )
Name and	Address of (	Current Registered Agent:	:	Name and	Address	of New Reg	istered Agei	nt:
SUITE 300 LAKELANE	ORIDA AVE. D, FL 33801 I			. <b>f</b> .h		al affice and		
	named entity of Florida.	submits this statement for th	ne purpose d	or changing i	ts registere	ea onice or r	egistered age	ent, or both,
SIGNATUF	RE:							
	Electro	nic Signature of Registered	Agent				Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PUTNAM, ABE	A AVE., SUITE 300		Title: Name: Address: City-St-Zip:		(X) Change EBRA L ION STREET FL 33830 US	( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	850 E. LEM	() Change ELISABETH A ION STREET FL 33830 US	(X) Addition	
Title:	(	) Delete		Title:	VP	( ) Change	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

YOUNG, THOMAS J

850 E. LEMON STREET

BARTOW, FL 33830 US

SIGNATURE: DEBRA L. PEAVEY P 03/04/2009