


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90099 025 ***150.00

DOCUMENT # P92000005916					
1. Entity Name GLOBAL SURVEYING, P.A.					
Principal Place of Business 5004 ST RD. 64 E BRADENTON, FL 34208 US			Mailing Address P O BOX 20755 BRADENTON, FL 34204 US		
2. Principal Place of Business - No P.O. Box # 4455 ST RD 64 E		3. Mailing Address 4455 ST RD 64 E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRADENTON		City & State BRADENTON		4. FEI Number 65-0376281	
Zip 34208		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSS, ROBERT D 5004 ST. RD 64 E BRADENTON, FL 34208			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4455 ST RD 64 E City BRADENTON FL Zip Code 34208		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPTS NAME CROSS, ROBERT D STREET ADDRESS 5004 S.R. 64 EAST CITY-ST-ZIP BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE [Change] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4455 ST RD 64 E STREET ADDRESS 4455 ST RD 64 E CITY-ST-ZIP 4455 ST RD 64 E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MERCER, LOREN STREET ADDRESS 5004 S.R. 64 EAST CITY-ST-ZIP BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE [Change] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4455 ST RD 64 E STREET ADDRESS 4455 ST RD 64 E CITY-ST-ZIP 4455 ST RD 64 E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PURSLEY, TONY STREET ADDRESS 5004 S.R. 64 EAST CITY-ST-ZIP BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE [Change] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4455 ST RD 64 E STREET ADDRESS 4455 ST RD 64 E CITY-ST-ZIP 4455 ST RD 64 E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME YORK, DAVID STREET ADDRESS 5004 S.R. 64 EAST CITY-ST-ZIP BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE [Change] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4455 ST RD 64 E STREET ADDRESS 4455 ST RD 64 E CITY-ST-ZIP 4455 ST RD 64 E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME WALDREFF, ROBERT G STREET ADDRESS 5004 S.R. 64 EAST CITY-ST-ZIP BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE [Change] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4455 ST RD 64 E STREET ADDRESS 4455 ST RD 64 E CITY-ST-ZIP 4455 ST RD 64 E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CRUCE, LANNIE STREET ADDRESS 5004 S.R. 64 EAST CITY-ST-ZIP BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE [Change] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4455 ST RD 64 E STREET ADDRESS 4455 ST RD 64 E CITY-ST-ZIP 4455 ST RD 64 E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # _____	