2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000011175

PO BOX 1090

MADISON, FL 32340

Address: City-St-Zip: : THOMPSON & ASSOCIATES LAND SURVEYING INC

FILED Jan 05, 2006 Secretary of State

Entity Nai	me: THOMPSON & ASSOCIAT	ES LAND SURVEYING, INC.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
300 S.W. RUTLEDGE ST. MADISON, FL 32340 US		406 S.W. RUTLEDG MADISON, FL 32340		
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
P.O. BOX MADISON	1090 , FL 32341 US			
FEI Number	: 59-3157433 FEI Number App	lied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Register	ed Agent: Name and Address	Name and Address of New Registered Agent:	
300 SW R	DN, WILLIAM B UTLEDGE ST , FL 32340 US	406 SW RUTLEDGE	THOMPSON, WILLIAM B 406 SW RUTLEDGE ST MADISON, FL 32340 US	
	named entity submits this state e of Florida.	ment for the purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:		01/05/2006	
	Electronic Signature of R	egistered Agent	Date	
Election Car	mpaign Financing Trust Fund Contri	bution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DV () Delete THOMPSON, WILLIAM B PO BOX 1090 MADISON, FL 32340	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () Delete THOMPSON, DIANNE P O BOX 1090 MADISON, FL 32340	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS () Delete THOMPSON, ALAN J	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: DIANNE THOMPSON PRES 01/05/2006