2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P93000015518

Entity Name: MELTON SURVEYING, INC.

Current Principal Place of Business:

2406 JOAN AVE
LOT 5
PANAMA CITY BCH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

2406 JOAN AVE
LOT 5
PANAMA CITY BCH, FL 32408 US

New Mailing Address:

FEI Number: 59-3166161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MELTON, ROBERT A
2406 JOAN AVE
LOT 5
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MELTON, ROBERT A	
Address:	2406 JOAN AVE #5	
City-St-Zip:	PANAMA CITY BEACH, FL	
Title:	V	( ) Delete
Name:	SWANDOL, FREDERICK E	
Address:	1516 OAK AVENUE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	STD	( ) Delete
Name:	MELTON, DIANNA	
Address:	2406 JOAN AVE, LOT 5	
City-St-Zip:	PANAMA CITY BCH, FL	
Title:	DIR	( ) Delete
Name:	SWANDOL, ANTHONY J	
Address:	4935 EAST 3RD STREET	
City-St-Zip:	PARKER, FL 32404	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: ROBERT A. MELTON PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date