

2006 FOR PROFIT CORPORATION- ANNUAL REPORT

4.

FILED
May 11, 2006 8:00 am
Secretary of State

04-25-2006 90115 010 ***150.00

DOCUMENT # P94000066694			
1. Entity Name THE PHOENIX SURVEYING COMPANY, INC.			
Principal Place of Business 3466 DEPEW CIRCLE PORT CHARLOTTE, FL 33952 US		Mailing Address 3466 DEPEW CIRCLE PORT CHARLOTTE, FL 33952 US	
2. Principal Place of Business 17840 Toledo Blvd Bnd. Ste. B Port Charlotte, FL 33948 USA		3. Mailing Address 17840 Toledo Blvd Bnd. Ste. B Port Charlotte, FL 33948 USA	
4. FEI Number 65-0520290		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLK, JOHN L 141 W MARION AVE PUNTA GORDA, FL		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): P.O. Box 511221 137 E Marion Ave City: Punta Gorda FL Zip Code: 33950	
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 removing) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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-ST-ZIP	D SINGLETARY, D. M. 3466 DEPEW CIRCLE PORT CHARLOTTE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4122 Rose Arbor Circle ☒ Change ☐ Addition Port Charlotte, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUER, GARY D 4483 HERDER ST PORT CHARLOTTE, FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1785 Joshua Ave. ☒ Change ☐ Addition North Port, FL 34288
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, R. J. 3742 DIAMOND AVE. NORTH POINT, FL 34288 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Gary D. Bruer Vice Pres.		Date: 4/20/06 941-629-6501	