


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90095 040 ***150.00

DOCUMENT # P94000066694 1. Entity Name THE PHOENIX SURVEYING COMPANY, INC.					
Principal Place of Business 17840 TOLEDO BLADE BLVE SUITE B PORT CHARLOTTE, FL 33948 US			Mailing Address 17840 TOLEDO BLADE BLVE SUITE B PORT CHARLOTTE, FL 33948 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POLK, JOHN L 137 EAST MARION AVE PO BOX 511221 PUNTA GORDA, FL 33950				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLETERY, D. M.		NAME	1227 East Creek Trail	
STREET ADDRESS	4122 ROSE ARBOR CIR		STREET ADDRESS	Arcadia, FL 34266	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	FL 34266	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUER, GARY D		NAME		
STREET ADDRESS	1785 JOSHUA AVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34288		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLAND, R. J.		NAME		
STREET ADDRESS	3742 DIAMOND AVE.		STREET ADDRESS		
CITY-ST-ZIP	NORTH POINT, FL 34288		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>R. J. Strickland</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11-08 <small>Date</small>		
			941-629-6801 <small>Daytime Phone #</small>		