2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000069395

KRIS ANN GATH LAND SURVEYING & MAPPING, INC.



US

FILED Feb 07, 2006 08:00 AN Secretary of State

Principal Place of Business

2341 NW 41ST STREET

SUITE C

GAINESVILLE, FL 32606

Mailing Address

2341 NW 41ST STREET

SUITE C

GAINESVILLE, FL 32606

U00000424572 02/18/06-80057-006 150.00



DO NOT WRITE IN THIS SPACE

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No Cha-P

CR2E034 (11/05)

4. FEI Number 59-3272329

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GATH, KRIS A 2341 NW 41ST ST STE C

GAINESVILLE, FL 32606

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| B. The above the obligati | named entity submits this statement for the pons of registered agent. | purpose of changing its registere | d office or registered agent, or bo | oth, in the State of Florid | a. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | d Agent signature required when reinstating) | apaga apagasasas | DATE | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution | cing \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIRE | CTORS | | | 「APARA NAME APART AND A TANK TO MANAGE AND |
| TITLE Name Street address City-St-Zip | PD GATH, KRIS A 2341 NW 41ST ST STE C GAINESVILLE, FL 32606 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD THARP, LESLIE K 2341 NW 41ST ST STE C GAINESVILLE, FL 32606 | | | | |
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| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | | IN | THIS SPA | VCE |
| TITLE NAME STREET ADDRESS | | | 100 mag 1 mg | | |

12. I hereby certify that the information supplied with this filling 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: 2

TITLE NAME STREET ADDRESS CITY-ST-ZIP