## **2008 FOR PROFIT CORPORATION**

|  | ANNUAL R  | EPORT (AR                           | <b>k)</b>                              |  |               |                             |                           |              |                |                          |
|--|---|-------------------------------------|--|--|---------------|-----------------------------|---------------------------|--------------|----------------|--------------------------|
| DOCUMENT # P95000016129 1. Entity Name   |   |                                     |  |  |               | •                           |                           | FII r.       | ~              |                          |
| STRAYER SURVEYING & MAPPING, INC.  |   |                                     |  |  |               | FILED<br>08 APR -1 AMII: 11 |                           |              |                |                          |
|  |   |                                     |  |  | 122           |                             | 00 AP                     | ?-/ AH       | 11:11          |                          |
|  | ce of Business  ROCK BOULEVARD                    | Mailing Address                     | Mailing Address 763 SHAMROCK BOULEVARD |  |               |                             | 125 PM                    | Ant OF       | (1470<br>      |                          |
| VENICE FL  |   | VENICE FL 34293                     |  |  |               | TÄLLAGS OF STATE            |                           |              |                |                          |
|  | Place of Business - No P.O. Box #<br>Shamock Blva | 3. Mailing Address THZ Shamrock BWO |  |  |               | 1488                        | KARI KA CALBI BUM BERNI B | <u> </u>     |                | <b>!!</b> !! <b>!!!!</b> |
| Suite, Apt. #. etc.  |   | Suite, Apt. #, etc.                 |  |  |               | 1st MOORE CR2E034 (10/07)   |                           |              |                |                          |
| City & Stat  | le  | City & State                        |  |  |               | 4. FEI Numb                 | er 65-05618               | 23           | F              | Applied For              |
| Zιρ  | Country   | Zip                                 | Coun                                   | ountry   |               | 5. Certificate              | of Status Desired         | i 🗆          | \$8.75 Ac      | dditional                |
|  | 6. Name and Address of Current                    | Registered Agent                    | .I                                     | <u>                                     </u>       |               | 7. Name and                 | Address of New            | / Registered | •              |                          |
| STRAYER, ROBERT B JR   |   |                                     |  | Name   |               |                             |                           |              |                |                          |
| 763 SHAMROCK BLVD.<br>VENICE FL 34293  |   |                                     |  | Street Address (P.O. Box Number is Not Acceptable) |               |                             |                           |              |                |                          |
| <b>*</b> C1  | WOE I E 34233                                     |                                     |  |  |               |                             |                           |              |                |                          |
|  |   |                                     |  | City FL Zip Code                                   |               |                             |                           |              |                | de                       |
| 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  |   |                                     |  |  |               |                             |                           |              |                |                          |
| Signature, typod or crimod have all registmed liquid and the Europicacio. (NOTE Registered Agont arginiture required which constituting) DATE  |   |                                     |  |  |               |                             |                           |              |                |                          |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee Will Be \$550.00  9. Election Campaign Financing \$5.00 May Be  |   |                                     |  |  |               |                             |                           |              | .00 May Be     |                          |
|  | k Payable to Florida Department of                |                                     |  |  |               |                             | Trust Fund C              | ontribution. | ☐ Add          | ded to Fees              |
| 10.  | OFFICERS AND                                      | DIRECTORS                           | 11.                                    |  |               | ADDITIONS,                  | CHANGES TO O              | FFICERS AND  | DIRECTOR       | RS IN 11                 |
| title<br>Name  | DPS<br>STRAYER, ROBERT B JR                       | Defete                              | THU                                    |  |               |                             |                           |              | Change         | Addition                 |
| STREET ADDRESS   | 763 SHAMROCK BOULEVARD                            | _                                   | NAM<br>STRE                            | EET ADDRESS  | -74           | 7. Shave                    | rock Blu                  | sel          |                |                          |
| CITY-ST-ZIP  | VENICE FL 34293                                   |                                     | CITY                                   | -ST-ZIP  | ,             |                             |                           |              |                |                          |
| TITLE  | S   | ☐ Delete                            | TITLE                                  |  |               |                             |                           |              | ☐ Change       | ☐ Addition               |
| NAME<br>STREET ADDRESS   | STRAYER, LISA C<br>763 SHAMROCK BOULEVARD         |                                     | MAM<br>STRE                            | EET ADDRESS  | ~\U:          | 2 Sham                      | rock Blu                  | d            |                |                          |
| CHY-ST-ZIP   | VENICE FL 34293                                   |                                     |  | -ST-ZIP  | / 7 /         | c Sitter in                 | 0000                      |              |                |                          |
| TITLE  | V   | Delete                              | THTLE                                  |  |               | •                           |                           | Δ            | Change         | ☐ Addition               |
| STREET ADDRESS   | RIETH, B.G.<br>763 SHAMROCK BLVD                  |                                     | NAM<br>STRE                            | ET ADDRESS   | 10            | Shan                        | rock B                    | tud-         |                |                          |
| CITY-ST-ZIP  | VENICE FL 34293                                   |                                     |  | -ST-ZIP  | 110           |                             |                           |              |                | 1                        |
| TITLE  |   | ☐ Delete                            | TITLE                                  | Ē  |               |                             |                           |              | ☐ Change       | ☐ Addition               |
| NAME<br>STREET ADDRESS   |   | •                                   | NAM<br>Stre                            | ET ADDRESS   |               | •                           |                           |              |                |                          |
| CITY-ST-ZIP  |   |                                     |  | -\$1-ZIP   | $\lambda$     | 714/2                       |                           |              |                |                          |
| NILE   |   | ☐ Delate                            | TITLE                                  | E  | $\mathcal{A}$ | 3, 1/2                      |                           |              | ☐ Change       | Addition                 |
| NAME<br>STREET ADDRESS   |   |                                     | NAM<br>STRE                            | ET ADDRESS   | ,             | 700<br>04 204 20            | 01222<br>)801009-         | 3395         | ing<br>Maan me |                          |
| CHTY-ST-ZIP  |   |                                     |  | -S1-ZIP  |               | 0970 <del>9</del> 71        | JOT-01003+                | ~U10 **      | 438.75         |                          |
| TITLE  |   | ☐ Deieto                            | TITLE                                  | i  |               |                             |                           |              | ☐ Change       | Addition                 |
| NAME<br>STREET ADDRESS   |   |                                     | MAAN<br>SERE                           | EET ADDRESS  |               |                             |                           |              |                |                          |
| CITY-ST-ZIP  |   |                                     |  | -SI-ZIP  |               |                             |                           |              |                |                          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: (200) Stones 1/24/08 9414971290   |   |                                     |  |  |               |                             |                           |              |                |                          |
| ·  |   | RINGED NAME OF SIGNING OFFICER      | OR DIRECT                              | TOR  |               | ,                           | Dare                      | ľ            | Заусаю Епоко 🕫 |                          |