2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:X SIGNATURE AND THE DOBATINE OF SIGNING OFFICER OR DIRECTOR

FILED Jan 31, 2008 8:00 am Secretary of State

		MINIONI	. KEPUK	•			scercia	iy oi su	acc
DOCUMENT # P96000016168 1. Entity Name BETA COMPANY SURVEYING, INC.								0020 040 ***150	
Principal Plac	ce of Busines	S	Mailing Address			400-			
4523 30TH ST W			4523 30TH ST W				-		
BRADENTON, FL 34207			BRADENTON, FL 34207				•		
						1 (88)(88) 1	A Shiid dhiy dath aash dali	i Alibi ((B)A B)(A) Albin vila) ti	NIDES IL CON
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Addre	- <u></u>					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01242008	Chg-P	CR2E034 (12/06)	
City & State			City & State			4. FEI Numb		h	pplied For
Zip Country		Zip Count		ntsy	65-064	05/9		ot Applicabl	
Lip		Coorning	1 2.5	CAR	11- ¥	5. Certificate	O Status Desnoct	\$8.75 Au Fee Require	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New Re		
					Name				
KALLINS, 1910 MAN		E \A/	Street Addre		Street Address (P.O. Box Numb	er is Not Acceptable	1	
BRADENT								<u></u>	
					City			FL Zip Cod	e
2 The phone	named cetil	ou submite this statement for	r the ourpose of she	naina ito register	ad office or register	and again as be	th in the Otal - 4 51-	1	
the obligat	tions of regist	y submits this statement fo ered agent.	r the purpose or the	inging its registeri	ed office or register	red agent, or bo	in, in the State of Fior	rida. I am familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent.	and title if applicable.	(NOTE: Registere	d Agent signeture required	d when reinstating)		DATE	
				J					
		FEE IS \$150.00 B Fee will be \$550.(n Campaign Finar und Contribution.		.00 May Be led to Fees			
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS.	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	D		☐ De	lete IIILE	:			☐ Change	Addition
NAME	1	VAN STANTON SR		NAMI					
STREET ADDRESS CITY-S1-ZIP	4523 30TI	H ST W FON, FL 34207		1	ET ADDRESS - ST-ZIP				
TITLE	DIXDLIN	TON, FL 34207			—— — ———				
NAME			□ De	lete TITLE NAMI	l			☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP	}			CITY-	-ST-ZIP				
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NAME				NAME	E			C Onstract	
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NAME STREET ADDRESS				NAME					
CITY-ST-ZIP					ET ADDRESS -ST-ZIP				
TITLE					——— 	.		Change	☐ Addition
NAME				NAME				[_] Change	☐ Addition
STREET ADDRESS				STREE	et address				
CITY-ST-ZIP				CITY-	ST-ZIP				_
MILE			☐ Del	ete TITLE				☐ Change	Addition
NAME				NAME	J				
STREET ADDRESS CITY-S1-ZIP					et adoress St-zip				
	partify that the	information conclined with	this filing dass set			lin Charles) Fl. (3) - 0:		
indicated	on this repor	information supplied with tor supplemental report is	true and accurate a	duality for the exe and that my signal	ure shall have the s	un Unapter 119 same legal effec	e, ⊢lorida Statutes. I f t as if made under o	urther certify that the ir ath; that I am an officer	ntormation or director
changed,	or on an atta	t or supplemental report is e receiver or trustee empo chment with an address.	wejed to execute th with all other like emp	is report as requir powered.	ed by Chapter 607	, Florida Statute	s; and that my name	appears in Block 10 or	Block 11 if
		/	(11(1)	1					
SIGNAT	URE:X	SIGNATURE AND TAPED OR A	MITE NAME OF SIGNA	OFFICER OF DIRECT	OP		x 1/20		
		_ Signature and give digit	y Le and Ur aluanni	OFFICER OR DIRECT	OR .		Date	Daytime Phone #	