

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000046634

1. Entity Name

PRECISION SURVEYING & MAPPING, INC.



Principal Place of Business

8606 LITTLE RD  
NEW PORT RICHEY, FL 34654 US

Mailing Address

8606 LITTLE RD  
NEW PORT RICHEY, FL 34654 US



03102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3399880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, JON S.  
7080 RED OAK LOOP  
NEW PORT RICHEY, FL 34654

**DO NOT WRITE  
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBBINS, JON S.
STREET ADDRESS	7080 RED OAK LOOP
CITY- ST- ZIP	NEW PORT RICHEY, FL
TITLE	VP
NAME	LUMIA, THOMAS
STREET ADDRESS	9925 GROVE DR
CITY- ST- ZIP	NEW PORT RICHEY, FL 34654
TITLE	S
NAME	ROBBINS, JON S.
STREET ADDRESS	7080 RED OAK LOOP
CITY- ST- ZIP	NEW PORT RICHEY, FL
TITLE	T
NAME	LUMIA, THOMAS
STREET ADDRESS	9925 GROVE DR
CITY- ST- ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/23/07-80058-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

President 3-9-07 727-841-8414