


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000076153 1. Entity Name OLDE ISLE SURVEYING & MAPPING COMPANY	
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Principal Place of Business 493 NORTH US HIGHWAY 17 SUITE #2 YULEE, FL 32097 US	Mailing Address 493 NORTH US HIGHWAY 17 SUITE #2 YULEE, FL 32097 US
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DO NOT WRITE IN THIS SPACE

08192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3399916	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**POOLE, WESLEY R
303 CENTRE ST, SUITE 200
FERNANDINA BEACH, FL 32034**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P	HOFFMAN, STEPHEN W
NAME	1897 FAYE ROAD
STREET ADDRESS	YULEE, FL 32097
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

STEPHEN W. HOFFMAN

8/19/2004

Date

904-225-0397

Daytime Phone #

**U00000170547
08/20/04-80005-003 558.75**

**DO NOT WRITE
IN THIS SPACE**