2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053736

FILED Apr 23, 2009 Secretary of State

Entity Nar	me: MCMILLE	N SURVEYING, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
37 SOUTH MAIN STREET SUITE A WILLISTON, FL 32696 US			SUITE	37 SOUTH MAIN STREET SUITE F WILLISTON, FL 32696 US			
Current Mailing Address:				New Mailing Address:			
37 SOUTH MAIN STREET SUITE A WILLISTON, FL 32696 US			SUITE	37 SOUTH MAIN STREET SUITE F WILLISTON, FL 32696 US			
FEI Number: 59-3455788 FEI No		FEI Number Applied For ()	FEI Number Not Applicable ()		Certificate of Status Desire	d()	
Name and	Address of C	urrent Registered Agent	: Name	and Address o	f New Registered Agent:		
ARCHER, The above	95TH STREET FL 32618 U	JS	ne purpose of changi	ng its registered	d office or registered agent,	or both,	
SIGNATU		is Cinneture of Denistered	A		Dete		
Election Car		ic Signature of Registered Trust Fund Contribution ().	Agent		Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () MCMILLEN, STE 835 NW 4TH AV WILLISTON, FL	Έ	Title: Name: Address: City-St-Z	MCMILLEN, 835 NW 4TH			
Title: Name: Address: City-St-Zip:	D () MCMILLEN, JOH 5518 NW 34TH GAINESVILLE, I	STREET	Title: Name: Address: City-St-Z	RANDOLPH, 10931 NE 95	STH STREET		

 Title:
 D
 (X) Delete

 Name:
 RANDOLPH, ROY

 Address:
 10931 NE 95TH STREET

 City-St-Zip:
 ARCHER, FL 32618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROY RANDOLPH D 04/23/2009

() Change () Addition