


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90094 017 ***150.00

DOCUMENT # P97000056474		
1. Entity Name SURVEY SERVICES, INC.		

Principal Place of Business 5654 SE ORANGE BLOSSOM TR HOBE SOUND FL 33455 US	Mailing Address 5654 SE ORANGE BLOSSOM TR HOBE SOUND FL 33455 US
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2. Principal Place of Business 652 N.W. BUCK HENRY WAY Suite, Apt. #, etc.	3. Mailing Address 652 N.W. BUCK HENRY WAY Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State STUART, FLA.	City & State STUART, FLA.
Zip 34994	Country U.S.A.

4. FEI Number 65-0765878	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NARRO, DAVID 5654 SE ORANGE BLOSSOM TR HOBE SOUND FL 33455	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>David Narro</i> Signature, typed or printed name of registered agent and title if applicable	PRESIDENT (NOTE: Registered Agent signature required when reinstating)
DATE 04-25-05	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: <i>David Narro</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-25-05 772-486-6160 Daytime Phone #