

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90032 023 ***158.75

DOCUMENT # P98000039246	
1. Entity Name SUNSHINE STATE SURVEYORS, INC.	



Principal Place of Business 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258	Mailing Address 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
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50001054



2. Principal Place of Business - No P.O. Box # 14775 Old St. Augustine Rd.	3. Mailing Address 14775 Old St. Augustine Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32258	Zip 32258
Country	Country

4. FEI Number 59-3558522	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 CRISSINGER, SAMUEL R 14775 ST. AUGUSTINE RD JACKSONVILLE, FL 32258	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 14775 Old St. Augustine Rd.	
City Jacksonville	Zip Code FL 32258

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	D MILLER, DOUGLAS C 14775 ST AUGUSTINE RD JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPP, DAVID L 14775 ST. AUGUSTINE RD JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, N. HUGH 14775 ST. AUGUSTINE RD JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRISSINGER, SAMUEL R 14775 ST AUGUSTINE RD. JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14775 Old St. Augustine Rd. Jacksonville, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/11/07	Daytime Phone # 612-8550
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