2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED DOGUMENT # P98000056974 Jul 16, 2008 08:00 AM Secretary of State 1. Entity Name BRINKMAN SURVEYING & MAPPING, INC. Principal Place of Business Mailing Address 4607 NW 6TH ST. 4607 NW 6TH ST. SUITE C SHITE C GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 07072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3518572 Not Applicable 5. Certificate of Status Desired Fee Required \$8.75 Additional 6. Name and Address of Current Registered Agent DO NOT WRITE BRINKMAN, JAMES E 25716 NW 62ND AVE HIGH SPRINGS, FL 32643 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 the statement for the purpose of changing its registered office or registered agent, or both, in the state of the statement for the purpose of changing its registered office or registered agent, or both, in the state of the statement for the purpose of changing its registered office or registered agent, or both, in the state of the statement for the purpose of changing its registered of the statement agent. 07/16/08-80010-005 150.00 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 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. DP TITLE NAME BRINKMAN, JAMES E P.S.M. STREET ADDRESS 25716 NW 62ND AVE HIGH SPRINGS, FL 32643 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 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 effect like empowered.

SIGNATURE,

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08

352-274-7707

Daytime Phone #