


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000004367</b> 1. Entity Name CONSOLIDATED SURVEY, INC.	
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Principal Place of Business 533 N. NOVA RD., STE. 114 ORMOND BEACH, FL 32174	Mailing Address 533 N. NOVA RD., STE. 114 ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3551811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STEVENS, DANIEL E 1328 MARGINA AVE DAYTONA BEACH, FL 32114	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, DANIEL E 1328 MARGINA AVE. DAYTONA BCH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAXON, PATRICIA E 7 SOUTHERN PINE TRAILS ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/08-80006-006 158.75

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: Daniel E. Stevens 1/7/08 386-672-6523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #