2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 15, 2008 8:00 am Secretary of State **DOCUMENT # P99000020776** 1. Entity Name 04-15-2008 90018 005 ***150.00 FLORIDA COAST SURVEYING, INC. Principal Place of Business Mailing Address 1105 53RD AVE EAST 1105 53RD AVE EAST SUITE 202 SUITE 202 BRADENTON FL 34205 BRADENTON FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0972571 Not Applicable Country 21.5 A Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CULLEM, JOHN P ESO. 856 2ND AVENUE NORTH M DELETE Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 Zip Code 8. The above narged entity of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registe SIGNATURE (NOTE Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Addition SCOTT Crider CRIDER, SCOTT 305 WOODVIEW WAY MARKE NAME 1105 53RD AVE EAST SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP BYADENTON, FL. SHQLA Delete TITLE TITLE CYNTHIA CYNGE (☐ Addition CRIDER, CYNTHIA NAME 305 WOODVIEW WAY 2411 22ND AVENUE WEST SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY - ST - ZIP BRAITENTON, FL 34212 ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 efficer 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.

E OF SIGNING OFFICER OR DIRECTOR