

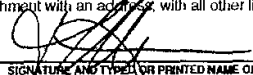


Mar 20  
Sec

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000048570</b>						
1. Entity Name <b>HARRISON SURVEYING AND MAPPING, INC.</b>						
Principal Place of Business <b>32529 OKALOOSA TRL SORRENTO, FL 32776</b>	Mailing Address <b>32529 OKALOOSA TRL SORRENTO, FL 32776</b>	  02112005 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number <b>59-3581178</b></td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td>5. Certificate of Status Desired <input checked="" type="checkbox"/></td><td><b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>59-3581178</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required					
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent <b>HARRISON, THOMAS EDGAR 5762 ROUND LAKE RD APOPKA, FL 32712</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDT <b>HARRISON, THOMAS E. 5762 ROUND LAKE RD APOPKA, FL 32712</b>	<div>U000000277568 03/26/05-80035-005 158.75</div> <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <b>WILLIS, THERESA L 32529 OKALOOSA TRL SORRENTO, FL 32776</b>					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD <b>WILLIS, DOUGLAS S 32529 OKALOOSA TRL SORRENTO, FL 32776</b>					
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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)(i), 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:  <b>THOMAS E. HARRISON</b>		Date <b>02/11/05</b> Daytime Phone # <b>352-735-1263</b>				