2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90168 007 ***150.00

DOCUMENT # P99000097500

1. Entity Name
GEOMATICS CORP.

Principal Place of Business	Mailing Address
4475 US 1 SOUTH #105 ST. AUGUSTINE, FL 32086 US	4475 US 1 SOUTH #105 ST. AUGUSTINE, FL 32086 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. P.O. Box 860205	Suite, Apt. #, etc. P.O. Box 860205
City & State St. Augustine, Fl.	City & State St. Augustine, Fl.
Zip 32086 Country	Zip 32086 Country

04102004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3607301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DURDEN, TERRY
3848 HICKORY LANE
SAINT AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 accep 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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	☐ Delete
NAME	DURDEN, TERRY MARK	
STREET ADDRESS	3848 HICKORY LANE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP		

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: Terry M. Durden 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #