

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000097500

1. Entity Name
GEOMATICS CORP.



Principal Place of Business
P.O. BOX 860205
ST. AUGUSTINE, FL 32086 US

Mailing Address
P.O. BOX 860205
ST. AUGUSTINE, FL 32086 US



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	DURDEN, TERRY MARK
STREET ADDRESS	3848 HICKORY LANE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/20/05-80027-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 (904) 794-0043
Date Daytime Phone #