


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000098672
1. Entity Name
MELROSE SURVEYING AND MAPPING, INC.



Principal Place of Business 2700 W ATLANTIC BLVD, #110
POMPANO BEACH, FL 33069

Mailing Address 2700 W ATLANTIC BLVD, #110
POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0961042 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MELROSE, WILLIAM J IV
4210 NW 10TH ST
COCONUT CREEK, FL 33066

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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: N/A (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

U00000091036
03/17/04-80043-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	MELROSE, WILLIAM J IV
STREET ADDRESS	4210 NORTHWEST 10TH ST
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	VP
NAME	MELROSE, LORI
STREET ADDRESS	4210 NW 10TH ST
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____