2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110336

KNOX, RITA L

10353 ARBOR RIDGE TRL

ORLANDO, FL 32817

Name:

Address: City-St-Zip:

Entity Name: GEOMARKS LAND SURVEYORS, INC.

FILED Feb 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8408 E COLONIAL DR ORLANDO, FL 32817 **Current Mailing Address: New Mailing Address:** 8408 E COLONIAL DR ORLANDO, FL 32817 FEI Number: 59-3615012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAUSEY-CAMPBELL, ETHEL L 4905 LAKE GATLIN WOODS CT ORLANDO, FL 32806 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CAUSEY-CAMPBELL, ETHEL L Name: Name: 4905 LAKE GATLIN WOODS CT Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: SPROUSE, ANDREA M Name: SPROUSE, ANDREA M 845 VIRGINIA WOODS LANE 3267 WESTRIDGE BLVD Address: Address: ORLANDO, FL 32824 ORLANDO, FL 32822 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RITA L KNOX S 02/27/2008