

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90030 049 ***158.75

DOCUMENT # S57073

1. Entity Name
GEO SURV3, INC.

Principal Place of Business
**19012 1ST STREET SW
LUTZ, FL 33549 US**

Mailing Address
**P O BOX 1708
LUTZ, FL 33548-1708 US**

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3073791	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COTTERILL, RONALD E.
C/O KASS, SHULER, SOLOMON, ETA.
1505 N FLORIDA AVE
TAMPA, FL 33602**

**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 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 **P**
NAME **LONG, JEROLD**
STREET ADDRESS **19012 1ST STREET SW**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **VPST**
NAME **HENTSCHEL, GREGOR E**
STREET ADDRESS **19012 1ST STREET SW**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D**
NAME **PIERCEFIELD, DAYNE R.**
STREET ADDRESS **19012 1ST STREET SW**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **VP**
NAME **WOODS, STEVEN M**
STREET ADDRESS **19012 1ST STREET SW**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

Jerold E. Long

2/4/04 813-948-1023