

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V13917

FILED  
Mar 14, 2005  
Secretary of State

**Entity Name:** ATLANTIC-GULF SURVEYING COMPANY, INC.

**Current Principal Place of Business:**

6455 POWERS AVE  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6455 POWERS AVE  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-3106051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARIE, BRIAN R  
6455 POWERS AVE  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: MARIE, BRIAN R  
Address: 5603 SALERNO ROAD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S ( ) Delete  
Name: MAXWELL, ANGILA M  
Address: 5259 ROLLINS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD ( ) Delete  
Name: DELCAMBRE, CHARLES P  
Address: 6235 CHECKMATE LANE  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

**SIGNATURE:** BRIAN R. MARIE

PD

03/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date