

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34308

**FILED**  
**Jan 22, 2007**  
**Secretary of State**

**Entity Name:** SOUTHEAST PIPE SURVEY, INC.

**Current Principal Place of Business:**

3523 WILLIAMS ST  
PATTERSON, GA 31557 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 477  
PATTERSON, GA 31557 US

**New Mailing Address:**

**FEI Number:** 58-1664594      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARCELLE WAINRIGHT  
346 KILLINGOTN WAY  
ORLANDO, FL 32835 US

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

MARCELLE WAINRIGHT  
346 KILLINGTON WAY  
ORLANDO, FL 32835 US

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: \_\_\_\_\_ 01/22/2007  
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HERRIN, DAVID R.,  
Address: POLLY STREET  
City-St-Zip: PATTERSON, GA 31557 US

Title: VD ( ) Delete  
Name: THORNTON, WILLIS A.,  
Address: ROUTE 1  
City-St-Zip: PATTERSON, GA 31557 US

Title: S ( ) Delete  
Name: SMITH, NANCY L.,  
Address: 611 KENWOOD DRIVE  
City-St-Zip: WAYCROSS, GA 31501 US

**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 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.

SIGNATURE: NANCY L. SMITH S 01/22/2007  
Electronic Signature of Signing Officer or Director Date