## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P34308

FILED Feb 06, 2008 Secretary of State

Entity Name: SOUTHEAST PIPE SURVEY, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	LIAMS ST SON, GA 31557	US		
urrent N	/lailing Address:		New Mailing Addres	ss:
O BOX 4 ATTERS	177 SON, GA 31557	US		
El Number	r: 58-1664594	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of Cui	rrent Registered Agent:	Name and Address	of New Registered Agent:
	LE WAINRIGHT NGTON WAY	10		
)RLAND(	O, FL 32835 U		nurnose of changing its registers	ed office or registered agent, or both
RLAND(	O, FL 32835 U		purpose of changing its registere	ed office or registered agent, or both,
RLAND(	O, FL 32835 U e named entity sub e of Florida. RE:	omits this statement for the		ed office or registered agent, or both,
The above the Stat	O, FL 32835 U e named entity suble of Florida.  RE: Electronic	omits this statement for the Signature of Registered Ag		ed office or registered agent, or both,  Date
The above the Stat GNATU	O, FL 32835 U e named entity suble of Florida.  RE: Electronic  mpaign Financing Ti	omits this statement for the Signature of Registered Agrust Fund Contribution ().	ent	Date
The above the Stat GNATU	O, FL 32835 U e named entity suble of Florida.  RE: Electronic	omits this statement for the Signature of Registered Agrust Fund Contribution ().	ent	
PRLANDO The above The Stat SIGNATU  Rection Ca	O, FL 32835 U e named entity suble of Florida.  RE: Electronic  mpaign Financing Ti	Signature of Registered Agrust Fund Contribution ( ).  DRS:	ent	Date
PRLANDO The above The State SIGNATU  SI	D, FL 32835 U e named entity subset of Florida.  RE:  Electronic  mpaign Financing To  S AND DIRECTO  PD () De  HERRIN, DAVID R  POLLY STREET	Signature of Registered Agrust Fund Contribution ( ).  DRS: elete 31557 US elete LIS A.,	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  BES TO OFFICERS AND DIRECTOR

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.

SIGNATURE: NANCY L. SMITH S 02/06/2008