\_2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 27, 2004 08:00 AM **DOCUMENT # 634998 Secretary of State** 1. Entity Name MCKEE, EILAND & MULLIS, LAND SURVEYORS, INC. Principal Place of Business Mailing Address 1246 HWY 17 ORANGE PARK FL 32073 US % DAVID A. KING, ATTORNEY 1416 KINGSLEY AVE ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-1930120 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_\_ KING, DAVID, A Street Address (P.O. Box Number is Not Acceptable) ATTORNEY AT LAW 1416 KINGSLEY AVE **ORANGE PARK FL 32073** City Z<sub>1</sub>p Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 9TD Delete TITLE ☐ Change ☐ Addition EILAND, HAROLD T. NAME MAME U000000069619 1246 HIGHWAY #17 STREET ADDRESS STREET ADDRESS 03/01/04-80018-003 158.75 CITY - ST-ZIP ORANGE PARK FL CITY-ST-ZIP VSD ☐ Delete TIRE IST F Change Addition NAME MULLIS, THOMAS C. NAME STREET ADDRESS 1246 HIGHWAY #17 STREET ADDRESS CITY-ST-7/P ORANGE PARK FL CITY-SY-ZIP TITLE Change ☐ Delete TITLE Addition MARIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CRY-ST-Z89 CITY-ST-ZIP TITLE ☐ Eelete समाह ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CRTY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE BUE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS C17Y-ST-21P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attact/ment with any address, with all gither like-empowered.

**FILED** 

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