

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90036 007 ***158.75

DOCUMENT # 634998	
1. Entity Name MCKEE, EILAND & MULLIS, LAND SURVEYORS, INC.	



Principal Place of Business 1246 HWY 17 ORANGE PARK, FL 32073 US	Mailing Address % DAVID A. KING, ATTORNEY 1416 KINGSLEY AVE ORANGE PARK, FL 32073
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2. Principal Place of Business - No P.O. Box # c/o Eiland & Associates Inc.	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. 615 Blanding Blvd.	Suite, Apt. #, etc.
City & State Orange Park, FL	City & State
Zip 32073	Country USA

40020720



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1930120	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KING, DAVID, A ATTORNEY AT LAW 1416 KINGSLEY AVE ORANGE PARK, FL 32073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD EILAND, HAROLD T. 1246 HIGHWAY #17 ORANGE PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 615 Blanding Boulevard Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD MULLIS, THOMAS C. 1246 HIGHWAY #17 ORANGE PARK, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AVP Mullis, Thomas C. 615 Blanding Boulevard Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SVP S Eiland, Eric V. 615 Blanding Boulevard Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Adams, John S. 615 Blanding Boulevard Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: ☒ *Harold T. Eiland*
Harold T. Eiland, President

2/7/07 (904) 272-1000
Date Daytime Phone #