


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90025 008 \*\*\*150.00

**DOCUMENT # F27030**

1. Entity Name  
 SOUTHERN LAND SURVEYORS, INC.



Principal Place of Business  
 412 S FIRST STREET (33853)  
~~PO BOX 301~~  
 LAKE WALES, FL 33859-0301 US

Mailing Address  
 412 S FIRST STREET (33853)  
~~PO BOX 301~~  
 LAKE WALES, FL 33859-0301 US

2. Principal Place of Business - No P.O. Box #  
 412 SOUTH FIRST ST.  
 Suite, Apt. #, etc.

3. Mailing Address  
 412 SOUTH FIRST ST  
 Suite, Apt. #, etc.

City & State  
 LAKE WALES FLA

City & State  
 LAKE WALES FLA

Zip Country  
 33853 I

40018643



01252007 Chg-P CR2E034 (12/06)

4. FEI Number  
 59-2114016

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required -

6. Name and Address of Current Registered Agent

JOHNSON, ROY C.  
 412 S. FIRST STREET  
 LAKE WALES, FL 33853

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip 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 \_\_\_\_\_ (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.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, ROY C	
STREET ADDRESS	412 S. 1ST ST	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: [Signature] 2-05-07 863-676-1624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #