

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-08-2005 90044 006 ***150.00

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DOCUMENT # F69290

1. Entity Name

MARK O. ALLEN, LAND SURVEYOR, INC.



Principal Place of Business

10602 WOODS CIRCLE
BONITA SPRINGS FL 34135

Mailing Address

10602 WOODS CIRCLE
BONITA SPRINGS FL 34135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/04)

05

Zip

Country

Zip

Country

4. FEI Number

59-2159292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, MARK
10602 WOODS CIRCLE
BONITA SPRINGS FL 34135

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ALLEN, MARK O.
STREET ADDRESS 10602 WOODS CIRCLE
CITY-STATE-ZIP BONITA SPRINGS FL 34135

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S
NAME ALLEN, TERESA
STREET ADDRESS 26751 OLD US 41 #6
CITY-STATE-ZIP BONITA SPRINGS FL

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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE

OFFICER OR DIRECTOR

B. Mitchell

AUG 18 2005



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Mark O. Allen Land Survey 2399926070

p.1 20f'2

10602 Woods Circle, Bonita Springs, FL 34135
(239) 992-8900 Phone
(239) 992-6070 fax

Mark O. Allen
Land Surveyor

Fax

To: BARBARA From: MARK ALLEN
Fax: 1-850-245-6017 Pages: (Including Cover Sheet)
Phone: _____ Date: 8-18-05
Re: _____ CC: _____
☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

BARBARA,
PLEASE CHECK THE MAILING
ADDRESS BECAUSE I DIDN'T
RECEIVE THE ANNUAL BUSINESS
REPORT FORM. PLEASE MAIL
CORRESPONDANCE TO THE ABOVE
ADDRESS.

ML 8-18-05