

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

OK

3. Mailing Address

OK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

ALLEN, MARK
10602 WOODS CIRCLE
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

OK

Street Address (P.O. Box Number is Not Acceptable)

OK

City

OK

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.

OK

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

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

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

☐ Delete

TITLE S
NAME ALLEN, TERESA
STREET ADDRESS 10602 WOODS CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL 34135

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TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

U00000627917
02/15/07-80080-020 150.00

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK O. ALLEN

2-6-07

239-992-8900

Date Daytime Phone #