

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # G23335

1. Entity Name
A.L. VAN BUSKIRK ENGINEERS AND PLANNERS, INC.



Principal Place of Business
**2700 BOBCAT VILLAGE CENTER
100
NORTH PORT, FL 34288 US**

Mailing Address
**2700 BOBCAT VILLAGE CENTER
100
NORTH PORT, FL 34288 US**



07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2266097	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSKIRK, PETER T VAN
6497 OTIS ROAD SE
NORTH PORT, FL 34287**

**DO NOT WRITE
IN THIS SPACE**

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

000000767378
07/10/07-80001-020 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	VAN BUSKIRK, ANTHONY L
STREET ADDRESS	335 DOLPHIN SHORES CIR
CITY- ST- ZIP	NOKOMIS, FL 34275

TITLE	PSD
NAME	VAN BUSKIRK, PETER T
STREET ADDRESS	6497 OTIS ROAD
CITY- ST- ZIP	NORTH PORT, FL 34287

TITLE	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/07 941-468-4139

Date

Daytime Phone #