## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # H71147**

1. Entity Name

LANDMARK SURVEYING AND MAPPING, INC.



FILED Jan 16, 2007 08:00 AM Secretary of State

Principal Place of Business

% MICHAEL B. SCHORAH 1850 FOREST HILL BLVD., SUITE 100 WEST PALM BEACH, FL 33406-6094 Mailing Address

% MICHAEL B. SCHORAH 1850 FOREST HILL BLVD., SUITE 100 WEST PALM BEACH, FL 33406-6094



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2560498

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHORAH, MICHAEL 1850 FOREST HILL BOULEVARD SUITE 100 WEST PALM BEACH, FL 33406-6094

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the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Register	err Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCHORAH, MICHAEL B. 10575 ST. ANDREWS RD BOYNTON BCH, FL				U00000537300 01/17/07-80026-024 158:75	
IIILE NAME 3 STREET ADDRESS GUY-ST-ZIP:	D SCHORAH, EDITH 10575 ST. ANDREWS RD BOYNTON BCH, FL			01/17/07-80026-024 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUSEY, CRAIG S 5381 PINNACLE LANE W PALM BCH, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		

12. Thereby 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: //w

TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12JAN'07 561. 433. 5405

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