

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M77768

1. Entity Name
DOUGLAS SURVEYING, INC.



Principal Place of Business
1 PARK DRIVE
LAKE PLACID, FL 33852 US

Mailing Address
1 PARK DRIVE
LAKE PLACID, FL 33852 US



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0014540

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E. JR.
124 NORTH BREVARD AVE.
ARCADIA, FL 33821

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILLARD, DALE R
STREET ADDRESS 2751 SE CREEKWOOD TERRACE
CITY - ST - ZIP ARCADIA, FL 34266

TITLE V
NAME DOUGLAS, LAWRENCE
STREET ADDRESS 3231 NE APPALOOSA ST
CITY - ST - ZIP ARCADIA, FL 34266

TITLE ST
NAME WILLARD, KELLI J
STREET ADDRESS 3751 SE CREEKWOOD TERR
CITY - ST - ZIP ARCADIA, FL 34266

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000000004603
01/15/04-80019-018 150.00

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IN THIS SPACE**

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: Dale R. Willard Jr **DALE R. WILLARD, JR.** 01-12-04 863-465-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #