


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90022 046 ***150.00

DOCUMENT # P01000003988 1. Entity Name KERI LAND SURVEYING, INC.					
Principal Place of Business 1848 NORTH UNIVERSITY DR. PLANTATION, FL 33322			Mailing Address 1848 NORTH UNIVERSITY DR. PLANTATION, FL 33322		
2. Principal Place of Business 1840 N. PINE ISLAND RD.			3. Mailing Address 1840 N. PINE ISLAND ROAD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PLANTATION, FLORIDA		City & State PLANTATION FLORIDA		4. FEI Number 65-1098917	
Zip 33322		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 33322		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERI, JAY 2405 NW 81ST AVE SUNRISE, FL 33322				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13424 N.W. 6 DRIVE City PLANTATION FL Zip Code 33325	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KERI, JAY 2405 NW 81ST AVE SUNRISE, FL 33322 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	13424 N.W. 6 DRIVE PLANTATION FLORIDA 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>JAY KERI</u> 4-4-06 954-473-8010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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