


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90193 025 ***150.00

DOCUMENT # P01000036674	
1. Entity Name DONALD E. BLEVINS LAND SURVEYING, INC.	

Principal Place of Business 150 FORTENBERRY RD SUITE E MERRITT ISLAND, FL 32952	Mailing Address 145 CARRIGAN BLVD MERRITT ISLAND, FL 32952
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50036626



2. Principal Place of Business 145 Carrigan BLVD	3. Mailing Address Suite, Apt. #, etc.
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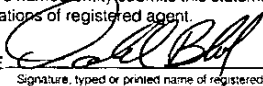
04072005 Chg-P CR2E034 (10/03)

City & State MI FL	City & State	4. FEI Number 59-3712914	Applied For Not Applicable
Zip 32952	Country Brevardus	Zip	Country

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

6. Name and Address of Current Registered Agent BLEVINS, DONALD E JR 4330 CURTIS BLVD COCOA, FL 32927	7. Name and Address of New Registered Agent Name Blevins, Donald E. JR. Street Address (P.O. Box Number is Not Acceptable) 145 Carrigan BLVD City MERRITT Island FL Zip Code 32952
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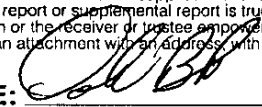
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  President 4/8/05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEVINS, DONALD E JR 145 CARRIGAN BLVD MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHERINE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Katherine G. Blevins 145 Carrigan BLVD Merritt Island FL. 32952 <input type="checkbox"/> Change <input checked="" 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
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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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

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:  President 4/8/05 321-452-3339
Signature and typed or printed name of signing officer or director Date Daytime Phone #