

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000011105**

1. Entity Name  
**SURVEYORS INTERNATIONAL, INC.**



Principal Place of Business  
**825 SW BELMONT CIR  
PORT ST LUCIE, FL 34953**

Mailing Address  
**825 SW BELMONT CIR  
PORT ST LUCIE, FL 34953**



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0382428**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ZACHRY, MARGARET L  
825 SW BELMONT CIR  
PT ST LUCIE, FL 34953**

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	BURLINGAME, PAUL J JR.
STREET ADDRESS	615 SW ANCHORAGE WAY, SPACE 31
CITY- ST- ZIP	STUART, FL 34994
TITLE	VSD
NAME	ZACHRY, MARGARET L
STREET ADDRESS	615 SW ST. LUCIE STREET
CITY- ST- ZIP	STUART, FL 34997
TITLE	SD
NAME	ZACHRY, MARGARET L
STREET ADDRESS	615 SW ANCHORAGE WAY, SUITE 31
CITY- ST- ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000211123  
02/02/05-80108-005 150.00

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-05 772-215-0276**

Date

Daytime Phone #