

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90049 027 ***150.00

DOCUMENT # P02000058818

1. Entity Name
ASIAN & AMERICAN SURVEYING AND SERVICES, INC.



Principal Place of Business
**1225 TAMiami TRAIL, UNIT B13
PORT CHARLOTTE, FL 33953**

Mailing Address
**1225 TAMiami TRAIL, UNIT B13
PORT CHARLOTTE, FL 33953**

40017874



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005

Chg-P

CR2E034 (10/03)

4. FEI Number

03-0431291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEINBROOK, LINA C
18399 BRIGGS CIR
PORT CHARLOTTE, FL 33948**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MCDANIEL, MONALISA D
929-B TAMiami TRAIL
PORT CHARLOTTE, FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
STEINBROOK, LINA C
929-B TAMiami TRAIL
PORT CHARLOTTE, FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HOFFMAN, C. GARY
1225 TAMiami TRAIL, UNIT B13
PORT CHARLOTTE, FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1225 TAMiami TRAIL, UNIT B13
PORT CHARLOTTE, FL 33953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1225 TAMiami TRAIL, UNIT B13
PORT CHARLOTTE, FL 33953

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CITY-ST-ZIP
☐ Change ☐ 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:

Lina C. Steinbrook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05
Date

941-743-5623
Daytime Phone #