

FILED
Apr 18, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000111806 1. Entity Name KARNER SURVEYING, INC.			
Principal Place of Business 2740 SW MARTIN DOWNS BLVD #333 PALM CITY, FL 34990		Mailing Address 2740 SW MARTIN DOWNS BLVD #333 PALM CITY, FL 34990	
DO NOT WRITE IN THIS SPACE			
2. Name and Address of Current Registered Agent KARNER, REGINA C 1352 EVERGREEN LANE PALM CITY, FL 34990		DO NOT WRITE IN THIS SPACE	
3. 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: <u>REGINA C. KARNER</u> Signature, typed or printed name of registered agent and filer if applicable.		DATE: <u>4/14/05</u> (DO NOT SIGNATURE AGENT SIGNATURE WHEN REVENUE)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		4. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARNER, REGINA C 2740 SW MARTIN DOWNS BLVD #333 PALM CITY, FL 34990		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 officers and empowered.			
SIGNATURE: <u>REGINA C. KARNER</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>4/13/05</u> (TT2) 288-7206 Date Daytime Phone #	



01112005 No Chg-P C:R2E034 (10/03)

4. FEI Number **11-3859886** Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

U00000314890
 04/19/05-80012-018 150.00