


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 11-3659886 | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent KARNER, REGINA C 1352 EVERGREEN LANE PALM CITY FL 34990 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> D KARNER, REGINA C 2740 SW MARTIN DOWNS BLVD #333 PALM CITY FL 34990 </td> <td style="padding: 2px;"></td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | D KARNER, REGINA C 2740 SW MARTIN DOWNS BLVD #333 PALM CITY FL 34990 | | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </td> </tr> <tr> <td style="padding: 2px;"> U00000484150 04/12/06-80028-009 150.00 </td> <td style="padding: 2px;"></td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | U00000484150 04/12/06-80028-009 150.00 | | | <input type="checkbox"/> Change <input type="checkbox"/> Add | | <input type="checkbox"/> Change <input type="checkbox"/> Add | | <input type="checkbox"/> Change <input type="checkbox"/> Add | | <input type="checkbox"/> Change <input type="checkbox"/> Add | | <input type="checkbox"/> Change <input type="checkbox"/> Add | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Regina C. Karner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> 3/22/06 772-288-720 </div> <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |