


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000115058 1. Entity Name EAST COAST LAND SURVEYING, INC.	
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Principal Place of Business 300 NORTH STATE STREET BUNNELL, FL 32110	Mailing Address P. O. BOX 2388 BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE



09052007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0662377	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D III 4 OLD KINGS NORTH, SUITE B PALM COAST, FL 32137	DO NOT WRITE IN THIS SPACE
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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 *A. Sanzone* DATE 09/05/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SANZONE, ANTHONY C 24 RED OAK PLACE PALM COAST, FL 32164
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09/11/07-80004-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *A. Sanzone* DATE 09/05/07 386-437-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #