

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90003 043 \*\*\*150.00

**DOCUMENT # P03000074982**

1. Entity Name  
**SURELINE LAND SURVEYING & MAPPING, INC.**



Principal Place of Business  
**925 ORCHID DR  
ROYAL PALM BEACH, FL 33411 US**

Mailing Address  
**925 ORCHID DR  
ROYAL PALM BEACH, FL 33411 US**

**94004058**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-P CR2E034 (10/03)

4. FEI Number

**75 3122310**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSGARD, EARL L JR  
925 ORCHID DR  
ROYAL PALM BEACH, FL 33411**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME OSGARD, EARL L JR  
STREET ADDRESS 925 ORCHID DR  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME YAUN, VICTORIA  
STREET ADDRESS 925 ORCHID DR  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Earl L. Osgard, Jr.*  
**EARL L. OSGARD, Jr.**

**1/15/04 650793 247**