2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027192

Title:

Name:

Address:

City-St-Zip:

Entity Name: EXACTA LAND SURVEYORS, INC

FILED Mar 10, 2009 Secretary of State

analy name: 250 to 17 to 100 t						
Current Principal Place of Business:				New Principal Place of Business:		
9000 S. DADELAND BLVD, #110 MIAMI, FL 33156				9000 S. DADELAND BLVD, #110 110 MIAMI, FL 33156		
Current Mailing Address:				New Mailing Address:		
	TED DRIVE CK, OH 44212	2				
FEI Number:	20-0831333	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
B MIAMI, FL	0TH STREET 44143 US named entity s	submits this statement for the լ	ourpose of changing	g its registered	office or registered agent, or both,	
SIGNATUR						
Electronic Signature of Registered Agent					 Date	
Election Cam	paign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SHELFER, SCO	AND BLVD, #110	Title: Name: Address: City-St-Zip	`	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLAZAK, RICHA	AND BLVD, #110	Title: Name: Address: City-St-Zip	·	() Change () Addition	
Title: Name: Address: City-St-Zip:	PASSARELLI, F	AND BLVD, #110	Title: Name: Address: City-St-Zip	`	() Change () Addition	
Title: Name: Address: City-St-Zip:	BACHMANN, FF	D STREET, SUITE 501-11	Title: Name: Address: City-St-Zip		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT SHELFER P 03/10/2009

() Delete

HAYWOOD, DALE ROY

NAPLES, FL 34109

5567 TAYLOR ROAD UNIT 1

() Change () Addition