

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044830

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: GOLD COAST SURVEYORS, INC.

**Current Principal Place of Business:**

1150 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

1150 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060

**New Mailing Address:**

POB 956  
DEERFIELD BEACH, FL 33443 US

FEI Number: 20-2004119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LENSON, MARK  
4400 NORTH FEDERAL HIGHWAY SUITE 208  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: LENSON, MARK  
Address: 1340 SW 17TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: DP ( ) Delete  
Name: LOPEZN, SUSAN A  
Address: 817 NE 70TH STREET  
City-St-Zip: BOCA RATON, FL 33487

Title: V ( ) Delete  
Name: THOMPSON, ROBERT L  
Address: 1150 E ATLANTIC BLVD  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARK LENSON

DS

04/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date