2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000084739

1. Entity Name
TOOKE LAKE SURVEYING, INC.

Principal Place of Business	Mailing Address
3001 CLOUDCROFT AVE SPRING HILL, FL 34609	3001 CLOUDCROFT AVE SPRING HILL, FL 34609

DO NOT WRITE IN THIS SPACE

01252007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
57-1221758		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, NEAL ESQ
412 EAST MADISON ST.
SUITE 1111
TAMPA, FL 33602

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000616134 02/07/07-60016-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CARTER, DEBORAH J
STREET ADDRESS	3001 CLOUDCROFT AVE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Deborah J. Carter   1/29/07   (352) 688-8119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #