

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90019 046 ***150.00

DOCUMENT # P06000057266

1. Entity Name

CERTIFIED SURVEYS OF FLORIDA, INC.



Principal Place of Business

**2316 GILBERT MILL RD
COTTONDALE, FL 32431**

Mailing Address

**2316 GILBERT MILL RD
COTTONDALE, FL 32431**

2. Principal Place of Business - No P.O. Box #

2252 GILBERT MILL RD

3. Mailing Address

2252 GILBERT MILL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COTTONDALE, FL

City & State

COTTONDALE, FL

Zip

32431

Country

Zip

32431

Country

01122008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-1274964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LONSWAY, ROGER
2316 GILBERT MILL RD
COTTONDALE, FL 32431**

7. Name and Address of New Registered Agent

Name

ROGER LONSWAY

Street Address (P.O. Box Number is Not Acceptable)

2252 GILBERT MILL RD

City

COTTONDALE

FL

Zip Code

32431

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LONSWAY, ROGER**
STREET ADDRESS **2316 GILBERT MILL RD**
CITY-ST-ZIP **COTTONDALE, FL 32431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2252 GILBERT MILL RD.**
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER LONSWAY **JAN 14, 2008** **850-638-7412**

Date

Daytime Phone #