## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000015143 1. Entity Name

HOWARD DURDEN SURVEYOR, INC.



**FILED** Jul 10, 2006 08:00 AN Secretary of State

Principal Place of Business 4075 OLD NORTH HIGHWAY 19 MOUNT DORA, FL 32757 US Mailing Address P.O. BOX 1245 TAVARES, FL 32778 US

## DO NOT WRITE IN THIS SPACE

CR2E034 (11 07072006 No Chg-P 4. FEI Number 59-3157728

5. Certificate of Status Desired

\$8.7! Fee Re

6. Name and Address of Current Registered Agent

HOWARD, DURDEN 4075 OLD NORTH HIGHWAY 19-A MOUNT DORA, FL 32757

## DO NOT WRITE IN THIS SPACE

| 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 |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 12. I hereby                                                                                                                                                            | certify that the information supplied with this t                       | filing does not qualify for the ex-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                                                                                                                                                                                                            | 9, Florida Statutes, I further certify that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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indicated on this report or supplemental report is true and accident and this my signature shall have the same legal effect as if made under oath; that I am an cof 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR