

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P92000015143

1. Entity Name

HOWARD DURDEN SURVEYOR, INC.



**FILED
Feb 07, 2007 8:00 am
Secretary of State**

02-07-2007 90045 036 ***150.00



Principal Place of Business
4075 OLD NORTH HIGHWAY 19
MOUNT DORA FL 32757
US

Mailing Address
P.O. BOX 1245
TAVARES FL 32778

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

3. Mailing Address
635 Oleander St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mount Dora, Florida

City & State
Mount Dora, Florida

Zip
32757

Country
USA

Zip
32757

Country
USA

4. FEI Number
59-3157728

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Name

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

635 Oleander St.

City

FL Zip Code
32757

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
DURDEN, HOWARD
4075 NORTH HW 19-A
EUSTIS FL

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

*635 Oleander St
Mount Dora FLA.*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Howard Durden 2/1/2007 1-352-383-7924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #