


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

|  |  |  |
|--|--|--|
| <b>DOCUMENT # P93000048116</b>                         |  |  |
| 1. Entity Name<br><b>AMERICAN LAND SURVEYING, INC.</b> |  |  |

|  |  |
|--|--|
| Principal Place of Business<br><b>2833 EXCHANGE CT.<br/>STE. AB<br/>WEST PALM BCH. FL 33409<br/>US</b> | Mailing Address<br><b>2833 EXCHANGE CT.<br/>STE. AB<br/>WEST PALM BCH. FL 33409<br/>US</b> |
|--|--|



|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. |         | 3. Mailing Address<br><br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                                  |         |
| Zip   | Country | Zip   | Country |

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0424875** ☐ Applied For ☐ Not Applied

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

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MILLER, JAMES F<br/>C/O MILLER &amp; WOODS, P.A.<br/>1400 CENTREPARK BLVD., SUITE 860<br/>W. PALM BEACH FL 33401</b> |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
|--|--|---|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May 1**  
Trust Fund Contribution. ☐ **Added to Fees**

| 10. OFFICERS AND DIRECTORS |                           |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |  |
|----------------------------|---------------------------|---------------------------------|--|---|--|--|--|
| TITLE                      | DPST                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       | JONES, DOUGLAS R          |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | 2833 EXCHANGE CT. STE. AB |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | WEST PALM BCH. FL 33409   |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | VP                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       | DILLINGHAM, JOHN H        |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | 2833 EXCHANGE CT. STE. AB |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | WEST PALM BCH. FL 33409   |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                           | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       |                           |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                           |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                           |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                           | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       |                           |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                           |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                           |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                           | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       |                           |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                           |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                           |                                 |  | CITY-ST-ZIP   |  |  |  |

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: D. R. Jones - D. R. JONES 3/31/06 561-471-5588