2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 11, 2004 08:00 AM Secretary of State DOCUMENT # P94000072074 1. Entity Name ATTORNEY'S REAL ESTATE LAND SURVEYING, INC. Principal Place of Business Mailing Address 1930 PARK MEADOWS RD 1930 PARK MEADOWS DR #9 FT. MYERS FL 33907 FT. MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-6552086 Not Applicable Ζιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDNER, L. LARRY 502 SW 25TH TERR Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33914 City Zip Code 8. The above pamed entiry 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. the obligations of regis GARDNER POESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GARDNER, LEONARD L NAME STREET ADDRESS 502 SW 25TH TERR STREET ADDRESS CAPE CORAL FL 33914 CITY - ST - ZIP CITY - ST - ZIP TELLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE Delete TITE F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 sea address, with all other like empowered.

LARRY L. GARDWER 2/9/04
JEROR DIRECTOR