## **2006 FOR PROFIT CORPORATION**

## ANNUAL REPORT

**DOCUMENT # P94000072074** 

30 m

1. Entity Name

ATTORNEY'S REAL ESTATE LAND SURVEYING, INC.

**FILED** May 05, 2006 08:00 A Secretary of State

Principal Place of Business

1930 PARK MEADOWS RD

STE 9

FT. MYERS, FL 33907 US

Mailing Address

1930 PARK MEADOWS DR

DO NOT WRITE IN THIS SPACE

FT. MYERS, FL 33907 US



05022006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-6552086

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

239 277-7330

5. Name and Address of Current Registered Agent

GARDNER, L. LARRY **502 SW 25TH TERR** CAPE CORAL, FL 33914

SIGNATURE:

## 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 with, and accept  |   |             |   |                                |  |          |  |
|---|---|-------------|---|--------------------------------|--|----------|--|
| the obligations of registered agent.  |   |             |   | U00000562842                   |  |          |  |
| SIGNATURE   |   |             |   | 05/19/06-80070-017_150_00      |  |          |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |             |   |                                |  |          |  |
| FILE NOWIII FEE IS \$150.00  9. Election Campaign Finan Trust Fund Contribution.  |   |             |   | \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |          |  |
| 10.   | OFFICERS AND DIREC  | CTORS       |   |                                |  |          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PVD<br>GARDNER, LEONARD L<br>502 SW 25TH TERR<br>CAPE CORAL, FL 33914 |             |   |                                |  | # · .    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |             |   |                                |  |          |  |
| TATE  |   |             | , |                                |  |          |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |             | , | DO                             | NOT WRITE  |          |  |
| TITLE<br>NAME<br>STREET ADDRESS   |   |             |   | IN THIS SPACE                  |  |          |  |
| CITY-ST-ZIP   |   |             |   | 4                              |  |          |  |
| TITLE<br>NAME<br>STREET ADDRESS.  |   | -           |   |                                |  |          |  |
| CITY-ST-ZIP   | * ** * * * * * * * * * * * * * * * * *                                |             | 4 | •                              |  |          |  |
| TITLE ;   | CNUMBER OF STREET   | *** • · · · |   |                                |  | 2        |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |             |   | • •                            |  | , we see |  |
| 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 truther 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 or an attachment with all address, with all other like empowered. |   |             |   |                                |  |          |  |