

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90018 001 ***150.00

DOCUMENT #P97000056474

1. Entity Name
SURVEY SERVICES, INC.



Principal Place of Business
652 NW BUCK HENDRY WAY
STUART, FL 34994 US

Mailing Address
652 NW BUCK HENDRY WAY
STUART, FL 34994 US

40030330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0765878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NARRO, DAVID
5654 SE ORANGE BLOSSOM TR
HOBE SOUND, FL 33455

Name

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

652 NW Buck Hendry Way

City

Stuart

FL

Zip Code

34994

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

David Narro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-6-06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
NARRO, DAVID ☐ Delete
STREET ADDRESS
5654 SE ORANGE BLOSSOM TR
CITY - ST - ZIP
HOBE SOUND, FL 33455

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
652 NW Buck Hendry Way
CITY - ST - ZIP
Stuart FL 34994

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
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TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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 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:

David Narro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-06