

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90031 017 ***158.75

DOCUMENT # P97000089011

1. Entity Name
BATTAGLIA LAND SURVEYORS, INC.



Principal Place of Business
**1692 NW MADRID WAY
BOCA RATON, FL 33432 US**

Mailing Address
**1692 NW MADRID WAY
BOCA RATON, FL 33432 US**

2. Principal Place of Business

3. Mailing Address
PO Box 880568



01192006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOCA RATON

4. FEI Number
65-0787037

Applied For
Not Applicable

Zip

Country

Zip
FL 33488
Country
FL 0568 PALM BEACH

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

6. Name and Address of Current Registered Agent

**BATTAGLIA JR, RALPH N
610 SE 2ND AVENUE, #L-9
DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
9284 VISTA DEL LAGO DR 34-A
BOCA RATON FL 33428

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BATTAGLIA, ROBERT G**
STREET ADDRESS **1692 NW MADRID WAY**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **VTSD** ☐ Delete
NAME **BATTAGLIA, RALPH N JR**
STREET ADDRESS **2151 NW 2ND AVE, STE #101**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/06 561 852 3898