2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90161 044 ***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
P.O. BOX 880568
BOCA RATON, FL 33488 US

2. Principal Place of Business - No P.O. Box #
1753 AVENIDA DEL SOL
Suite, Apt #, etc
City & State
BOCA RATON, FL
Zip 33432 Country

3. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

01082007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0787037
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATTAGLIA JR, RALPH N
9284 VISTA DELLAGO DR 34-A
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ (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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BATTAGLIA, ROBERT G ~~1692 NW MADRID WAY~~ BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1753 AVENIDA DEL SOL BOCA RATON, FL 33432
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD BATTAGLIA, RALPH N JR ~~2151 NW 2ND AVE, STE #101~~ ~~BOCA RATON, FL 33431~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9284 VISTA DEL LAGO DR 34-A BOCA RATON, FL 33428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/23/07 561-750-8108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #