

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90064 050 ***150.00

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1. Entity Name

NEXT DAY SURVEY, INC.



Principal Place of Business

1150 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060
US

Mailing Address

1350 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062
US



2. Principal Place of Business

3. Mailing Address

1336 N. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

Pompano Beach FL

4. FEI Number

65-0827701

Applied For

Not Applicable

Zip

Country

Zip

Country

33062

USA

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

BALISTRERI, JAMES M MR.
1350 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

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

(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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPD ☐ Delete
NAME BALISTRERI, JAMES M
STREET ADDRESS 1350 N FEDERAL HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE STD ☐ Delete
NAME BALISTRERI, JOSEPH E
STREET ADDRESS 1350 N FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE V ☐ Delete
NAME THOMPSON, ROBERT L
STREET ADDRESS 1150 E. ATLANTIC BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33060

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

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

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

12. I hereby certify that the information supplied with this filing 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 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

3/29/05

954 345 1606