


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90009 001 ***150.00

DOCUMENT # P98000054341 1. Entity Name NORTHPOINT LAND SURVEYING, INC.	
--	---

Principal Place of Business 1720 S. FLORIDA AV. #2 LAKELAND, FL 33803 US	Mailing Address PO BOX 804 LAKELAND, FL 33802-0804
---	--



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3519962	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DUNLAP, III, GEORGE T ESQ. BOSWELL & DUNLAP 245 SOUTH CENTRAL AVENUE BARTOW, FL 33830

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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'LEARY, PATRICK J 7516 WILLOW WISP DRIVE, WEST LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'LEARY, KAREN L 7516 WILLOW WISP DRIVE, WEST LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDON, JULIE 3036 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u><i>Julie Gordon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7-13-04 863-683-6353 <small>Date Daytime Phone #</small>
--	---