

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90072 003 \*\*\*150.00

40008024



01212006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000054341</b> 1. Entity Name NORTHPOINT LAND SURVEYING, INC.					
Principal Place of Business 1720 S. FLORIDA AV. #2 LAKE LAND, FL 33803 US			Mailing Address PO BOX 804 LAKE LAND, FL 33802-0804		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3519962			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>					<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNLAP, III, GEORGE T ESQ. BOSWELL & DUNLAP 245 SOUTH CENTRAL AVENUE BARTOW, FL 33830			Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 O'LEARY, PATRICK J 7516 WILLOW WISP DRIVE, WEST LAKE LAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'LEARY, KAREN L 7516 WILLOW WISP DRIVE, WEST LAKE LAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GORDON, JULIE 3036 CLEVELAND HEIGHTS BLVD LAKE LAND, FL 33803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u>Julie Gordon</u> <b>JULIE GORDON</b> <u>1-27-06</u> <u>863 683 6353</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		