

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90028 024 ***150.00

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DOCUMENT # P98000099851 1. Entity Name FINSTAD LAND & SPACIAL SURVEYING, CORP.			
Principal Place of Business 4061 BONITA BEACH RD #207 BONITA SPRINGS, FL 34134		Mailing Address 4061 BONITA BEACH RD #207 BONITA SPRINGS, FL 34134	
2. Principal Place of Business - No P.O. Box # 4360 Corporate Square Suite, Apt. #, etc.		3. Mailing Address 4360 Corporate Square Suite, Apt. #, etc.	
City & State Naples FL Zip 34104 Country		City & State Naples FL Zip 34104 Country	
4. FEI Number 59-3558686		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHELLING, JEFFREY S PA 2240 TRADE CENTER WAY NAPLES, FL 34109		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST FINSTAD, MARY E 561 PORTSMOUTH COURT NAPLES, FL 34110	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"/> Change <input type="checkbox"/> 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: <i>Mary E Finstad as President</i>		Date: 3/21/08 Daytime Phone #: 239-250-2795	