

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # S01747

1. Entity Name
MID REGIONAL SURVEYING, INC.



Principal Place of Business
17275 SE 93RD DEMOSS COURT
THE VILLAGES, FL 32162 US

Mailing Address
P. O. BOX 766
SUMMERFIELD, FL 34492 US



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3034501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUEGER, DAVID R P.L.S.
17275 SE 93RD DEMOSS COURT
THE VILLAGES, FL 32162

**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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME KRUEGER, DAVID R
STREET ADDRESS 17275 SE 93RD DEMOSS COURT
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE D
NAME KRUEGER, SHIRLEY J
STREET ADDRESS 17275 SE 93RD DEMOSS COURT
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE D
NAME WILLIAMS, BARBARA
STREET ADDRESS 1419 ARREDONDO DRIVE
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
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CITY-ST-ZIP

U00000778310
01/10/08-80044-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Shirley J. Krueger Shirley J. Krueger

1/5/08

(386)

804-9504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #