

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18942

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: ALTAMONTE SURVEYING AND PLATTING, INC.

**Current Principal Place of Business:**

435 DOUGLAS AVENUE #1505F  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161094  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

FEI Number: 59-3059020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLITRO, MICHAEL W.  
870 BRANTLEY DRIVE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: SOLITRO, MICHAEL W.,  
Address: 870 BRANTLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: WINSOR, SCOTT A  
Address: 643 PEARL RD.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: GRIDER, LEE J  
Address: 395 ALEXANDER AVE.  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. SOLITRO

PST

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date