
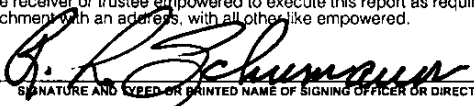


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90011 021 \*\*\*150.00

<b>DOCUMENT # S44394</b> 1. Entity Name <b>S &amp; H LAND SURVEY CO., INC.</b>					
Principal Place of Business <b>4100 CENTER POINTE DRIVE SUITE 107 FT MYERS, FL 33916</b>			Mailing Address <b>4100 CENTER POINTE DRIVE SUITE 107 FT MYERS, FL 33916</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHUMANN, RONALD L. 4100 CENTER POINTE DRIVE SUITE 107 FT MYERS, FL 33916</b>				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 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHUMANN, RONALD L 4100 CENTER POINTE DRIVE STE. 107 FT MYERS, FL 33916</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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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	
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

**40037306**



03012006    Chg-P    CR2E034 (11/05)

4. FEI Number    Applied For  
**65-0262529**    Not Applicable

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



**ATTACHMENT** 40037306  
#S44394  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number

**S44394**

Business Entity Name

**S & H LAND SURVEY CO., INC.**

FEI Number

650262529

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

**Principal Place of Business**

Address

4100 CENTER POINTE DRIVE

Suite, Apt. #, etc.

SUITE 107

City, State

FT MYERS

FL

Zip Code &amp; Country

33916

**Mailing Address**

Address

4100 CENTER POINTE DRIVE

Suite, Apt. #, etc.

SUITE 107

City, State

FT MYERS

FL

Zip Code &amp; Country

33916

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**- OR -**

Business to serve as RA

SCHUMANN, RONALD L.

Address (PO Box is not acceptable)

4100 CENTER POINTE DRIVE

Suite, Apt. #, etc.

SUITE 107

City, State

FT MYERS

FL

Zip Code &amp; Country

33916

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

400 37306

#844394

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

SCHUMANN, RONALD L

Street Address

4100 CENTER POINTE DRIVE STE. 107

City, State

FT MYERS

FL

Zip Code &amp; Country

33916

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

#S.44394

40037306

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

*Ronald E. Schumann*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue    Reset