
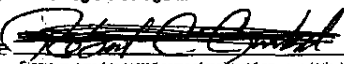
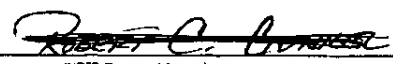




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-13-2004 90006 004 ****61.25

DOCUMENT # 702834			
1. Entity Name AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED			
Principal Place of Business 15191 HOMESTEAD RD LEHIGH ACRES, FL 33971		Mailing Address P.O. BOX 1477 LEHIGH ACRES, FL 33970-1477	
2. Principal Place of Business 3909 HALLS FERRY RD.		3. Mailing Address PO BOX 821265	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VICKSBURG MISSISSIPPI		City & State VICKSBURG MISSISSIPPI	
4. FEI Number 59-1856303		Applied For <input type="checkbox"/> Not Applicable	
Zip 39180-6199		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOGGETT, DONALD W 13060 IDYLWILD RD. FT. MYERS, FL 33905		7. Name and Address of New Registered Agent Name ROBERT C GUNKEL Street Address (P.O. Box Number is Not Acceptable) 3909 HALLS FERRY RD. City VICKSBURG MS FL Zip Code 39180-6199	
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 	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
DATE 4-20-04		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOGGETT, DONALD W 13060 IDYLWILD RD. FT. MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT C GUNKEL 3909 HALLS FERRY RD. VICKSBURG MISSISSIPPI 39180-6199 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, LINDA EP-P USAERDC-WES 3909 HALLS FERRY RD. VICKSBURG, MS 391806199 <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	PD HINTERMAN, RICHARD 1860 BAGWELL ST. FLINT, MI 48503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEN L. MANUEL 13339 HAGERS FERRY RD. HUNTERVILLE NORTH CAROLINA 28078 <input type="checkbox"/> Change <input checked="" 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
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
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 exemption stated in Section 119.07(3)(i), 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 617, 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: 		SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-20-04 Daytime Phone # 601-634-3722	