

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90075 046 ****61.25

DOCUMENT # 735871 1. Entity Name HERNANDO ENVIRONMENTAL LAND PROTECTORS, INC.					
Principal Place of Business 7442 SHOAL LINE BLVD C/O AREA CLUB WEEKI WACHEE, FL 34607 US			Mailing Address 6072 WAVERLY DR. C/O PATRICIA WEBB, TREASURER WEEKI WACHEE, FL 34607 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02262005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3045681				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, PATRICIA 6072 WAVERLY RD. WEEKI WACHEE, FL 34607			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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD FISH, DONALD <input checked="" type="checkbox"/> Delete 6136 WAVERLY RD. WEEKI WACHEE, FL 34607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, JR., ELWOOD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6072 WAVERLY RD. WEEKI WACHEE, FL. 34607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBB JR., ELWOOD <input checked="" type="checkbox"/> Delete 6072 WAVERLY RD WEEKI WACHEE, FL 34607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISH, DAWN ELAINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 408 N. LEMON AV. BROOKSVILLE, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHANKS, DOLORES <input type="checkbox"/> Delete 5369 TUSCAWILLA WEEKI WACHEE, FL 34607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBB, PATRICIA <input type="checkbox"/> Delete 6072 WAVERLY RD. WEEKI WACHEE, FL 34607		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: <i>Patricia M. Webb</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/16/05 352-596-6112 Date Daytime Phone #		
PATRICIA M. WEBB					