

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006897			
1. Entity Name TOXICOLOGY CONSULTANTS AND ASSESSMENT SPECIALISTS, INC.			
Principal Place of Business 5786 SANIBEL-CAPTIVA ROAD SANIBEL FL 33957		Mailing Address 2155 SINGING WOODS DRIVE SKANEATELES NY 13152	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2ED34 (10/05)

4. FEI Number 16-1452686 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE FL 32309		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 _____ (Signature typed in printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CPD	☐ Delete		TITLE	U00000433341	☐ Change	☐ Addition
NAME	SAWYER, WILLIAM R			NAME	02/24/06-80012-025 158.75		
STREET ADDRESS	2155 SINGING WOODS DRIVE			STREET ADDRESS			
CITY- ST- ZIP	SKANEATELES NY 13152			CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William R. Sawyer **william R. Sawyer 2-600 (315) 685-7345**