2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008027

1. Entity Name
THE ASSOCIATION OF HORTICULTURE PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 621643 ORLANDO, FL 32862	P.O. BOX 621643 ORLANDO, FL 32862

DO NOT WRITE IN THIS SPACE

02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-1538048
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEIFFERT, NORMA JEAN
S & S BUSINESS SERVICES, INC.
2910 GARDEN STREET BLDG. 1
TITUSVILLE, FL 32796

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENDERSON, MAUREEN
STREET ADDRESS	P.O. BOX 621643
CITY-ST-ZIP	ORLANDO, FL 32862
TITLE	VP
NAME	MAINGOT, JOHN
STREET ADDRESS	848 MARAVAL COURT
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	S
NAME	KESSLER, BOB
STREET ADDRESS	5976 20TH STREET #259
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	T
NAME	BELT, DAVID
STREET ADDRESS	6600 DOCK AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/06-80021-006 61.25

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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 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: DAVID L. BELT, TREASURER 2-6-06 321-288-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #