

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90068 017 \*\*\*\*70.00

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02212008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N06000011406</b>			
1. Entity Name <b>FLORIDA ASSOCIATION OF SINKHOLE STABILIZATION SPECIALISTS, INC.</b>			
Principal Place of Business <b>1306 BANANA RD. LAKELAND, FL 33810</b>		Mailing Address <b>1306 BANANA RD. LAKELAND, FL 33810</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>7851 Woodland Center Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Tampa, FL</b>	
Zip	Country	Zip	Country
<b>33614</b>	<b>U.S.A.</b>	<b>33614</b>	<b>U.S.A.</b>
4. FEI Number <b>20-8396483</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOYLES, WILLIAM A. 301 E. PINE ST., STE. 1400 ORLANDO, FL 32801		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	DP WOOLEVER, RAY LRE GROUND SERVICES INC/21228 POWELL RD BROOKSVILLE, FL 34604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bracken, William 4899 W. Waters Ave. Ste. A Tampa, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROADRICK, RON EARTH TECH, INC/ 2620 HUNT RD LAND O LAKES, FL 34638 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Newman, Warren 12630 Curley St. San Antonio, FL 33576 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARTON, DAN RIMKUS CONS. GRP INC 101 S HOOVER BLVD#101 TAMPA, FL 33609 <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	DT MAGGARD, RON 7646 RICHLAND ST. WESLEY CHAPEL, FL 33544 <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	D COLLIER, LEWIS G CERTIFIED FOUNDATIONS INC/1306 BANANA RD LAKELAND, FL <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	D SINN, GEORGE CENTRAL FL TESTING LAB/12625 40TH ST N CLEARWATER, FL 33762 <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 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: <u>Daniel Barton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/3/08 813-289-3060 Date Daytime Phone #	