

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90014 021 \*\*\*\*61.25

<b>DOCUMENT # N14156</b> 1. Entity Name <b>CENTER FOR SYSTEMATIC ENTOMOLOGY, INC.</b>					
Principal Place of Business % BUR. OF ENTOMOLOGY P.O. BOX 147100 GAINESVILLE, FL 32614-7100 US			Mailing Address % BUR. OF ENTOMOLOGY P.O. BOX 147100 GAINESVILLE, FL 32614-7100 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2740566</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>EDWARDS, G B</b> <b>1911 SW 34TH ST</b> <b>GAINESVILLE, FL 32608</b>			7. Name and Address of New Registered Agent Name <b>Paul Skelley</b> Street Address (P.O. Box Number is Not Acceptable) <b>1911 SW 34th St</b> City <b>Gainesville</b> FL Zip Code <b>32608</b>		
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 		<b>Paul Skelley</b>		<b>Mar. 5, 2007</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <del>HODGES, GREG</del> <b>Trevor Smith</b> <input type="checkbox"/> Delete 1911 SW 34TH ST. GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <del>EDWARDS, G.B.</del> <b>Paul Skelley</b> <input type="checkbox"/> Delete 1911 SW 34TH ST GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>OUTTON, BRUCE D.</del> <b>Mike Thomas</b> <input type="checkbox"/> Delete 1911 SW 34TH ST GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>STECK, GARY J.</b> <input type="checkbox"/> Delete 1507 NW 36TH WAY GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>WELBOURN, CAL</b> <input type="checkbox"/> Delete 1911 SW 34TH ST GAINESVILLE, FL 32608		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 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: 		<b>Paul Skelley</b>		Date <b>(352) 372-3505</b> Daytime Phone #	