2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38152

FILED Jan 26, 2004 Secretary of State

Entity Name: FLORIDA ENVIRONMENTAL ASSESSORS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1608 METROPOLITAN CIRCLE SUITE B TALLAHASSEE, FL 32308 **New Mailing Address: Current Mailing Address:** P.O. BOX 38070 TALLAHASSEE, FL 32315 US FEI Number: 65-0247657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, EUGENE B 1608 METROPOLITAN CIRCLE SUITE B TALLAHASSEE, FL 32308 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HILFIKER, STEPHEN STOWE, DARREN Name: Name: 4131 5TH AVENUE SW Address: 1408 NORTH WESTSHORE BLVD. Address: City-St-Zip: NAPLES, FL City-St-Zip: TAMPA, FL 33607 Title: Title: (X) Change () Addition () Delete STOWE, DARREN Name: RHODES, WILLIAM Name: Address: 5405 CYPRESS CENTER DR., STE. 200 Address: POST OFFICE BOX 241 City-St-Zip: TAMPA, FL City-St-Zip: PLYMOUTH, FL 32768 Title: () Delete Title: () Change () Addition STEPHENS, ROBERT Name: Name: 14409 N. NEBRASKA AVENUE, STE. A Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: () Delete (X) Change () Addition Title: D Title: SD Name: TWSI, WENDY Name: HILFIKER, STEPHEN 17300 STEPPING STONE DRIVE Address: 612 SW 1ST AVE Address: City-St-Zip: OCALA, FL City-St-Zip: FT. MYERS, FL 33912 Title: () Delete Title: () Change (X) Addition KINCART, ROBERT Name: Name: 1875 WEST MAIN STREET Address: Address: City-St-Zip: City-St-Zip: BARTOW, FL 33830 Title: () Delete Title: () Change (X) Addition COURT, GARY Name: Name: Address: Address: 7220 FINANCIAL WAY, SUITE 100 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN STOWE PD 01/26/2004

DAVID LESTER POST OFFICE BOX 7803 LAKELAND, FL 33807

CARTER MCCAIN POST OFFICE BOX 1531 TAMPA, FL 33601

MEREDITH G. MANGAN 14409 N. NEBRASKA AVENUE TAMPA, FL 33613

RICHARD MCCORMICK 1230 E. HILLCREST STREET ORLANDO, FL 32803