


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004330 1. Entity Name FLORIDA ASSOCIATION OF ENVIRONMENTAL SOIL SCIENTISTS, INC.	
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Principal Place of Business PO BOX 357025 GAINESVILLE, FL 32635	Mailing Address PO BOX 357025 GAINESVILLE, FL 32635
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2866885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HURT, WADE 8416 S.W. 1ST AVENUE GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOPER, J.R. 1270 SEDGEFIELD RD TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUEHL, RONALD J 12517 NW 116TH PLACE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STM HURT, WADE 8416 S.W. 1ST AVENUE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

1000000177267
01/11/05-80030-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: WADE HURT **WADE HURT** 10 JAN 05 352-392-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #