




**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

| | | | |
|---|-----------------------|---|--|
| DOCUMENT # N95000004330 | |  | |
| 1. Entity Name FLORIDA ASSOCIATION OF ENVIRONMENTAL SOIL SCIENTISTS, INC. | | | |
| Principal Place of Business PO BOX 357025 GAINESVILLE, FL 32635 | | Mailing Address PO BOX 357025 GAINESVILLE, FL 32635 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01062006 No Chg-NP CR2E037 (11/05) | |
| | | 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE 1/09/06 01/10/06-80025-004 61.25 | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | PD | | |
| NAME | COOPER, J.R. | | |
| STREET ADDRESS | 1270 SEDGEFIELD RD | | |
| CITY- ST- ZIP | TALLAHASSEE, FL 32311 | | |
| TITLE | D | | |
| NAME | KUEHL, RONALD J | | |
| STREET ADDRESS | 12517 NW 116TH PLACE | | |
| CITY- ST- ZIP | ALACHUA, FL 32615 | | |
| TITLE | STM | | |
| NAME | HURT, WADE | | |
| STREET ADDRESS | 8416 S.W. 1ST AVENUE | | |
| CITY- ST- ZIP | GAINESVILLE, FL 32607 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| 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:  | | JAN 06 2006 352-392-1951 X | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>File Daytime Phone # 237</small> | |