2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006
Secretary of State

DOCUMENT# N95000004956

Entity Name: FLORIDA ASSOCIATION OF PROFESSIONAL GEOLOGISTS, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 323194629

New Mailing Address:

FEI Number: 59-3348496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	ARTHUR, JONATHAN D	
Address:	903 WEST TENNESSEE STREET	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	D	( ) Delete
Name:	WOOD, WALTER	
Address:	599 HEATHER BRITE CIRCLE	
City-St-Zip:	APOPKA, FL 32712	
Title:	TD	( ) Delete
Name:	HURST, MARC V	
Address:	121 MARKET STREET	
City-St-Zip:	DAVENPORT, FL 33837	
Title:	VD	( ) Delete
Name:	DRAKE, CHARLES W	
Address:	201 E PINE STREET, SUITE 1000	
City-St-Zip:	ORLANDO, FL 32801 27	
Title:	SD	( ) Delete
Name:	DALE, MERVIN W	
Address:	8640 PHILIPS HIGHWAY, SUITE 16	
City-St-Zip:	JACKSONVILLE, FL 32256	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT SKROB D 05/24/2006

Electronic Signature of Signing Officer or Director — Date