

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

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90226 038 \*\*\*\*61.25

**60001613**



<b>DOCUMENT # N97000004148</b>					
1. Entity Name HEERNETT ENVIRONMENTAL FOUNDATION, INC.					
Principal Place of Business % FARLEY & UPHAM P.A. PO BOX 7639 NAPLES, FL 34101 US		Mailing Address % FARLEY & UPHAM P.A. PO BOX 7639 NAPLES, FL 34101 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3468448	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARLICK, THOMAS B 5551 RIDGEWOOD DR SUITE 101 NAPLES, FL 34108				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTEK, MANFRED		NAME		
STREET ADDRESS	6737 GORDONSVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	GORDONSVILLE, VA 22942		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTEK, GABRIELE		NAME		
STREET ADDRESS	6737 GORDONSVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	GORDONSVILLE, VA 22942		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>COPEN, BRENT</del>		NAME	Cushman, Jon	
STREET ADDRESS	<del>P O BOX 31175</del>		STREET ADDRESS	924 Capitol Way South, Suite 201	
CITY-ST-ZIP	<del>SAN FRANCISCO, CA 94131</del>		CITY-ST-ZIP	Olympia, WA 98501	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>GARLICK, THOMAS</del>		NAME	Cushman, Sam	
STREET ADDRESS	<del>5551 RIDGEWOOD DR SUITE 101</del>		STREET ADDRESS	P.O. Box 1275	
CITY-ST-ZIP	<del>NAPLES, FL 34108</del>		CITY-ST-ZIP	Bonnars Ferry, ID 83805	
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPHAM, LAURA S CPA		NAME		
STREET ADDRESS	820 ANCHOR RODE DR		STREET ADDRESS	P.O. BOX 7639	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34101	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>COPEN, KARINA</del>		NAME	Forschler, George	
STREET ADDRESS	<del>200 WEST 20TH ST. APR 702</del>		STREET ADDRESS	6556 Gordonsville Road	
CITY-ST-ZIP	<del>NEW YORK, NY 10011</del>		CITY-ST-ZIP	Keswick, VA 22947	
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: <u>Laura S Upham</u> <u>Laura S Upham</u> 1/12/06 (239) 261-3595					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					