## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006950

Entity Name: FLORIDA ENVIROTHON, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 26 HOWEY IN THE HILLS, FL 34737				23407 NEW HOPE ROAD HOWEY IN THE HILLS, FL 34737			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 26 HOWEY IN THE HILLS, FL 34737				23407 NEW HOPE ROAD HOWEY IN THE HILLS, FL 34737			
FEI Number: 65-0393961 FEI Number Applied For ( ) FEI I				mber Not Applicable ( ) Certificate of Status Desired ( )			Desired ( )
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of New Registered Agent:				
HOWEY IN	HOPE LANE THE HILLS, FI	L 34737 US ubmits this statement for the p	ourpose o	f changing it	s registered o	ffice or registered aಛ	gent, or both,
SIGNATUR	E:						
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AN	D DIRECTORS:
Title: Name: Address: City-St-Zip:	T ()[ HORNSBY, ART 9725 SW 129TH ARCHER, FL 32			Title: Name: Address: City-St-Zip:	T (X) HORNSBY, AR 9725 SW 129TI ARCHER, FL 3	H STREET	
Title: Name: Address: City-St-Zip:	VC () [ LA MARTINA, KA 210 ATLANTA DE STUART, FL 349	RIVE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ()E STEWART, SHAU 24059 CHILDS R BROOKSVILLE,	ROAD		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D DAUGHERTY, ST 416 WEST MAIN TAVARES, FL 32	STREET		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E BAKER, RICHAR 522 N BLUE ISLA SEBASTIAN, FL	AND LANE		Title: Name: Address: City-St-Zip:	C (X) CRAWLEY, PA 13483 NW 7TH SUNRISE, FL	STREET	
Title: Name: Address: City-St-Zip:	D ()[ MESSLER, TERF 9171 RAVINA RO TALLAHASSEE,	)AD		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR G HORNSBY T 04/14/2009