


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

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # N98000003082</b><br>1. Entity Name<br>FLORIDA ENVIRONMENTAL RESEARCH INSTITUTE,<br>INC. |  |
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| Principal Place of Business<br>4807 BAYSHORE BLVD<br>SUITE 101<br>TAMPA, FL 33611 | Mailing Address<br>4807 BAYSHORE BLVD<br>SUITE 101<br>TAMPA, FL 33611 |
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01212005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number<br>59-3517698                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent<br><br>BISSETT, W P<br>5405 S CRESENT DR<br>TAMPA, FL 33611 |
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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.

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| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent; signature required when reinstating)</small> | DATE _____ |
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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BISSETT, W. PAUL III<br>5405 S CRESCENT DR<br>TAMPA, FL 33611         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RODRIGUEZ, JR, PETER<br>510 CLIFF DRIVE<br>TEMPLE TERRACE, FL 33617    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BISSETT, JULIET W<br>5405 S CRESCENT DR<br>TAMPA, FL 33611             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GONZALEZ, HENRY<br>2218 SHADE HILL COURT<br>TAMPA, FL 33612           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PEAVY, TERRY G<br>1380 ECHO GLEN P.O. BOX 369<br>GATES MILLS, OH 44040 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <p>000000219091<br/>02/08/05-80013-023 61.25</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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.

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| SIGNATURE: <u>W. P. B. A.</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><u>W. PAUL BISSETT</u> | <u>1/28/05</u><br>Date | <u>813-837-3374</u><br>Daytime Phone # |
|---|------------------------|--|