

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90023 045 \*\*\*\*61.25

<b>DOCUMENT # N98000003082</b>					
<b>1. Entity Name</b> FLORIDA ENVIRONMENTAL RESEARCH INSTITUTE, INC.					
<b>Principal Place of Business</b> 4807 BAYSHORE BLVD SUITE 101 TAMPA, FL 33611			<b>Mailing Address</b> 4807 BAYSHORE BLVD SUITE 101 TAMPA, FL 33611		
<b>2. Principal Place of Business</b> 10500 UNIVERSITY CENTER DR. Suite, Apt. #, etc. <i>SKITE 140</i>		<b>3. Mailing Address</b> <i>SAME</i> Suite, Apt. #, etc.			
City & State <i>TAMPA, FL</i>		City & State		<b>4. FEI Number</b> 59-3517698	
Zip <i>33612</i>		Country <i>USA</i>		Applied For Not Applicable	
Zip <i>33612</i>		Country <i>USA</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BISSETT, W P 5405 S CRESENT DR TAMPA, FL 33611			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISSETT, W. PAUL III 5405 S CRESCENT DR TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JR, PETER 510 CLIFF DRIVE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISSETT, JULIET W 5405 S CRESCENT DR TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, HENRY 2218 SHADE HILL COURT TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAVY, TERRY G 1380 ECHO GLEN P.O. BOX 369 GATES MILLS, OH 44040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, HENRY 10111 LINDELAAN DRIVE TAMPA, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAVY, TERRY G 1380 ECHO GLEN P.O. BOX 369 GATES MILLS, OH 44040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAVY, TERRY G 1380 ECHO GLEN P.O. BOX 369 GATES MILLS, OH 44040	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>W. P. Bissett</i> <b>W PAUL BISSETT</b> <i>3/20/06</i> <b>813-866-3374</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50004430**



03162006 Chg-NP CR2E037 (11/05)