

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003412

FILED
Jan 06, 2005
Secretary of State

Entity Name: ACADEMY OF ENVIRONMENTAL SCIENCE, INC.

Current Principal Place of Business:

12695 WEST FORT ISLAND TERRACE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

12695 WEST FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429

Current Mailing Address:

12695 WEST FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-3582797 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MERRITT, LISA
12695 WEST FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429 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: D () Delete
Name: LYONS, SAM
Address: P.O BOX 1093
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: SC () Delete
Name: LAAKKONEN, KEITH
Address: 20963 SW SECOND AVENUE
City-St-Zip: DUNNELLON, FL 34431

Title: D () Delete
Name: GILL, ROBERT
Address: 12645 FORT ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: BLEWETT, RICHARD
Address: 5 SALVIA COURT WEST
City-St-Zip: HOMOSASSA, FL 344465426

Title: P () Delete
Name: HANSEN, CARL
Address: 10100 DEEPWOODS DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP () Delete
Name: MAIDHOF, GARY
Address: 660 S SMITH AVENUE
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: LLOYD, CHRIS
Address: 1210 W WINDBREEZE CT
City-St-Zip: LECANTO, FL 34461

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 Section 119.07(3)(i), 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: CARL HANSEN

P

01/06/2005

Electronic Signature of Signing Officer or Director

Date