

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90045 009 ****61.25

DOCUMENT # N99000003412

1. Entity Name
ACADEMY OF ENVIRONMENTAL SCIENCE, INC.



Principal Place of Business
**12695 WEST FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429**

Mailing Address
**12695 WEST FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429**

50024622



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122006 Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3582797

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MERRITT, LISA
12695 WEST FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent

Name **BEN Stofcheck**

Street Address (P.O. Box Number is Not Acceptable)

12695 W. Ft. Island Trail

City **CRYSTAL RIVER**

FL

Zip Code **34429**

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

Ben Stofcheck **Ben Stofcheck**

7/27/06

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **LYONS, SAM**
STREET ADDRESS **P.O BOX 1093**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34423**

TITLE **T** ☒ Delete
NAME **LLOYD, CHRIS**
STREET ADDRESS **1210 W WINDBREEZE CT**
CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **D** ☒ Delete
NAME **GILL, ROBERT**
STREET ADDRESS **12645 FORT ISLAND TRAIL**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **D** ☐ Delete
NAME **BLEWETT, RICHARD**
STREET ADDRESS **5 SALVIA COURT WEST**
CITY-ST-ZIP **HOMOSASSA, FL 344465426**

TITLE **P** ☐ Delete
NAME **HANSEN, CARL**
STREET ADDRESS **10100 DEEPWOODS DR.**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **VP** ☒ Delete
NAME **MAIDHOF, GARY**
STREET ADDRESS **660 S SMITH AVENUE**
CITY-ST-ZIP **INVERNESS, FL 34453**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **Phyllis Dixon**
STREET ADDRESS **11652 W. Clubview Dr**
CITY-ST-ZIP **HOMOSASSA, FL 34448**

TITLE **S** ☐ Change ☒ Addition
NAME **STEVE FARNSWORTH**
STREET ADDRESS **1469 W. JENNY ST**
CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **T** ☐ Change ☒ Addition
NAME **Tom Leahy**
STREET ADDRESS **P.O. Box 156**
CITY-ST-ZIP **CRYSTAL RIVER, FL**

TITLE **P** ☐ Change ☒ Addition
NAME **Michelle Leaper**
STREET ADDRESS **P.O. Box 213**
CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **P** ☐ Change ☒ Addition
NAME **Michele Goodenow**
STREET ADDRESS **821 SE Hwy 29**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **D** ☐ Change ☒ Addition
NAME **Rolf Auermann**
STREET ADDRESS **5150 S. STETSON PT DR**
CITY-ST-ZIP **HOMOSASSA, FL 34448**

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:

Carl T. Hansen
CARL T. HANSEN

7/27/06 (352) 795-2634

Date

Daytime Phone #