## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003412

Apr 24, 2007 Secretary of State

Entity Name: ACADEMY OF ENVIRONMENTAL SCIENCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

12695 WEST FORT ISLAND TRAIL CRYSTAL RIVER, FL 34429

**Current Mailing Address: New Mailing Address:** 

12695 WEST FORT ISLAND TRAIL CRYSTAL RIVER, FL 34429

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STOFCHECK, BEN 12695 WEST FORT ISLAND TRAIL CRYSTAL RIVER, FL 34429

**OFFICERS AND DIRECTORS:** 

HOMOSASSA, FL 34448

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete DIXON, PHYLLIS LEEPER, MICHELLE Name: Name:

11652 WEST CLUBVIEW DR Address: PO BOX 213 Address: City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: LECANTO, FL 34461

Title: () Delete Title: (X) Change ( ) Addition FARNSWORTH, STEVE FARNSWORTH, STEVE Name: Name:

Address: 1469 WEST JENNY ST Address: 1469 WEST JENNY ST City-St-Zip: LECANTO, FL 34461 City-St-Zip: LECANTO, FL 34461

( ) Delete Title: Title: (X) Change ( ) Addition LEAHY, TOM HURST, SAM Name: Name:

Address: PO BOX 156 Address: 450 E BUCKINGHAM DR

City-St-Zip: LECANTO, FL 34461 City-St-Zip: LECANTO, FL 34461

Title: ( ) Delete Title: (X) Change ( ) Addition

MENDENHALL, JD Name: BLEWETT, RICHARD Name: 5 SALVIA COURT WEST Address: Address: 13450 W. POWERLINE ST City-St-Zip: HOMOSASSA, FL 344465426 City-St-Zip: CRYSTAL RIVER, FL 34428

Title: () Delete Title: (X) Change ( ) Addition

HANSEN, CARL HANSEN, CARL Name: Name: 10100 DEEPWOODS DR. 10100 DEEPWOODS DR. Address: Address:

City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429

Title: () Delete Title: () Change () Addition AVERMANN, ROLF Name: Name: Address: 5151 SOUTH STETSON PT DR Address:

I hereby certify that the information supplied with this filing does not qualify for the 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

City-St-Zip:

SIGNATURE: STEVE FARNSWORTH Ρ 04/24/2007

above, or on an attachment with an address, with all other like empowered.