

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003412

FILED
Feb 24, 2009
Secretary of State

Entity Name: ACADEMY OF ENVIRONMENTAL SCIENCE, INC.

Current Principal Place of Business:

12695 WEST FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

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:

STOFCHICK, BEN
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: S () Delete
Name: LEEPER, MICHELLE
Address: PO BOX 213
City-St-Zip: LECANTO, FL 34461

Title: P () Delete
Name: FARNSWORTH, STEVE
Address: 1469 WEST JENNY ST
City-St-Zip: LECANTO, FL 34461

Title: T () Delete
Name: HURST, SAM
Address: 450 E BUCKINGHAM DR
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: PULLAR, JIM
Address: P. O. BOX 1705
City-St-Zip: CRYSTAL RIVER, FL 34423

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

Title: D () Delete
Name: AUERMANN, ROLF
Address: 5151 SOUTH STETSON PT DR
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VP (X) Change () Addition
Name: VANZIN, BETTY J
Address: 9 SALVIA CT. W.
City-St-Zip: HOMOSASSA, FL 34446

Title: D (X) Change () Addition
Name: HUMBAUGH, BILL
Address: 3843 S. CANAL RD.
City-St-Zip: INVERNESS, FL 34450

Title: D (X) Change () Addition
Name: AUERMANN, ROLF
Address: 5150 S. STETSON PT.
City-St-Zip: HOMOSASSA, FL 34448

I hereby certify that the information supplied with this filing does not qualify 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM HURST

T

02/24/2009

Electronic Signature of Signing Officer or Director

Date