

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000115717

1. Entity Name  
ALLIANCE FOR A CLEAN EVERGLADES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 24 AM 9:14

Principal Place of Business  
1713 MAHAN DRIVE  
TALLAHASSEE, FL 32301

Mailing Address  
1713 MAHAN DRIVE  
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address



01072005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-1463202

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYERS, RONALD G ESQ  
2544 BLAIRSTONE PINES DRIVE  
TALLAHASSEE, FL 32301

Name  
RONALD G. MEYER, ESQ.

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

City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

Ronald Meyer  
2544 Blairstone Pines Dr.  
Tallahassee, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

Sumner A. Reed  
1713 Mahan Dr.  
Tallahassee, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD G. MEYER, CHAIRMAN

Date

Daytime Phone #

1/20/05 850-878-5212