

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # S24531			
1. Entity Name GEOTECHNICAL AND ENVIRONMENTAL CONSULTANTS, INC.			
Principal Place of Business 1230 E HILLCREST ST ORLANDO, FL 32803 US		Mailing Address 1230 E HILLCREST ST ORLANDO, FL 32803 US	
DO NOT WRITE IN THIS SPACE			
		03282006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3044233	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
SCHIRM, JOAN H. 1230 E HILLCREST ST ORLANDO, FL 32803		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		000000491557 04/19/06-80027-006 158.75	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	SCHIRM, JOAN H.		
STREET ADDRESS	516 LAKEVIEW STREET		
CITY- ST- ZIP	ORLANDO, FL		
TITLE	ST		
NAME	KUHN, GARY L.		
STREET ADDRESS	426 HARBOUR OAKS POINTE DR		
CITY- ST- ZIP	ORLANDO, FL 32809		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
DO NOT WRITE IN THIS SPACE			
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 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: Joanie Schirm, Pres		3/29/06 407-898-1818	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	