

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X Department Of Education Mail Room B1-34 325 West Gaines Street Tallahassee, Florida 32399-0400 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Tallahassee, Florida 32399-0400</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Department of Education and SMART Schools Clearinghouse Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber</p> <p><i>CPA 2006-02 ; CPA 2007-02</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 0810 0002 8335 9224</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to:</p> <p>Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Susan Harp</p> <p><i>CPA 2006-02 ; CPA 2007-02</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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1. Article Addressed to: Florida Fish and Wildlife Conservation Commission Office of Policy and Stakeholder Coordination 620 South Meridian Street, Farris Bryant Building Tallahassee, FL 32399-1600 Attn: Mary Ann Poole, Director <i>CFA 2006-02 i CFA 2007-02</i>	B. Received by (Printed Name) <i>Mary Ann Poole</i>	C. Date of Delivery <i>3/29</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
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1. Article Addressed to: Department of Transportation, District One Planning Department P.O. Box 1249 Bartow, FL 33831-1249 Attn: Ben Walker, <i>CFA 2006-02 i CFA 2007-02</i>	B. Received by (Printed Name) <i>DANNY HOOPER</i>	C. Date of Delivery <i>3/24/25</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
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1. Article Addressed to: Department of Community Affairs Division of Community Planning 2555 Shumard Oak Boulevard Tallahassee, FL 32399 Attn: Ray Eubanks <i>CPA 2006-02 ; CPA 2007-02</i>	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No PURCHASING
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 0810 0002 8335 9163 Domestic Return Receipt 102595-02-M-1540

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1. Article Addressed to: Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Mr. Ken Heatherington, Exec. Director <i>CPA 2006-02 ; CPA 2007-02</i>	B. Received by (Printed Name) C. Date of Delivery <i>Debra</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 0810 0002 8335 9279 Domestic Return Receipt 102595-02-M-1540

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	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Southwest Florida Water Management District 2379 Broad Street Brooksville, FL 34604-6899 Attn: Roy Mazur, A.I.C.P., Planning Director	B. Received by (Printed Name) <i>D. VALLE</i>	C. Date of Delivery <i>3-21</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No Enter delivery address below:	
CPA 2006-02 ; CPA 2007-02	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7006 0810 0002 8335 9293		
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	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Jim Quinn, Environmental Manager	B. Received by (Printed Name) RECEIVED	C. Date of Delivery MAR 23 2000
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No Enter delivery address below:	
CPA 2006-02 ; CPA 2007-02	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7006 0810 0002 8335 9200		
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1. Article Addressed to:

Department of Agriculture and Consumer Services
Bureau of Planning and Budgeting
CA8, The Capitol
Tallahassee, FL 32399-0810
Attn: Wendy Evans

2. Article Number
(Transfer from service label)

7006 0810 0002 8335 9149

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M. Carruthers
M. CARRUTHERS

- Agent
- Addressee

B. Received by (Printed Name)

M. CARRUTHERS

C. Date of Delivery

3/24/06

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-02-M-1540