


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90076 047 ***150.00

DOCUMENT # F03000006106			
1. Entity Name JACKSONVILLE FLORIDA LANDFILL, INC.			
Principal Place of Business 1451 WEST CYPRESS CREEK RD, STE 300 FT LAUDERDALE, FL 33309		Mailing Address 1451 WEST CYPRESS CREEK RD, STE 300 FT LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address 1122 Internatoinal Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 601	
City & State		City & State Burlington, Ontario	
Zip	Country	Zip	Country
L7L 6Z8	Canada	L7L 6Z8	Canada
04122004		Chg-P CR2E034 (10/03)	
4. FEI Number 20-0435912		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND-YOEST, DAVID	NAME	Larry D. Henk
STREET ADDRESS	1005 SKYVIEW DR	STREET ADDRESS	1122 International Blvd., Suite 601
CITY-ST-ZIP	BURLINGTON ONTARIO L7P5B1,	CITY-ST-ZIP	Burlington, Ontario L7L 6Z8
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURKIN, THOMAS E III	NAME	Ivan R. Cairns
STREET ADDRESS	1005 SKYVIEW DR	STREET ADDRESS	1122 International Blvd., Suite 601
CITY-ST-ZIP	BURLINGTON ONTARIO L7P5B1,	CITY-ST-ZIP	Burlington, Ontario L7L 6Z8
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENK, LARRY D	NAME	Ronald L. Rubin
STREET ADDRESS	1005 SKYVIEW DR	STREET ADDRESS	1122 International Blvd., Suite 601
CITY-ST-ZIP	BURLINGTON ONTARIO L7P5B1,	CITY-ST-ZIP	Burlington, Ontario L7L 6Z8
TITLE	VP <input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUTER, KIRK	NAME	Brian A. Gobel
STREET ADDRESS	1005 SKYVIEW DR	STREET ADDRESS	1122 International Blvd., Suite 601
CITY-ST-ZIP	BURLINGTON ONTARIO L7P5B1,	CITY-ST-ZIP	Burlington, Ontario L7L 6Z8
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, KEVIN	NAME	Kirk Muter
STREET ADDRESS	1005 SKYVIEW DR	STREET ADDRESS	1122 International Blvd., Suite 601
CITY-ST-ZIP	BURLINGTON ONTARIO L7P5B1,	CITY-ST-ZIP	Burlington, Ontario L7L 6Z8
TITLE	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Kevin May
STREET ADDRESS		STREET ADDRESS	1122 International Blvd., Suite 601
CITY-ST-ZIP		CITY-ST-ZIP	Burlington, Ontario L7L 6Z8
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: <u>Ivan R. Cairns</u>		Ivan R. Cairns	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		04/20/2004	
		905-319-3377	
		Daytime Phone #	