## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



DOCUMENT # F0300006106  1. Entity Name JACKSONVILLE FLORIDA LANDFILL, INC.							3 90017 046 ***	150.00	
Principal Place of Business 5002 T-REX AVE SUITE 200 BOCA RATON, FL 33431		Mailing Address 1122 INTERNATIONAL BLVD 601 BURLINGTON, ON, CANADA, L7LZ8		9.9	)07647 <sup>y</sup> 		Effiles in 1901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042008	Chg-P	CR2E034 (12/06	<b>3)</b>		
City & State		City & State		4. FEt Number 20-0435		-	Applied For Not Applicable		
Zip	Country	Zip	Coun	try		Status Desired	□ \$8.75 A Fee Requi		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	legistered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Addres	ame reet Address (P.O. Box Number is Not Acceptable)				
^ 6 <sub>/j</sub> .				City	·· <del>·</del>		FL Zip Co	ode	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or regis	tered agent, or both	, in the State of Fk	orida. I am familiar wit	h, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature requ	ired when reinstating)		DATE	<u></u>	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.		-		5.00 May Be dded to Fees				
FIL After M	ay 1, 2008 Fee will be \$550.  OFFICERS AND	OO Trust Fund Cont	-	- A	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
After Ma	ay 1, 2008 Fee will be \$550.  OFFICERS AND PD	OO Trust Fund Cont	tribution.	A	ADDITIONS/C		CERS AND DIRECTO		
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Intereoy certify that the information supplied with this filling 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 orath; 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:

lavis SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

905-319-1237