


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001183 1. Entity Name G.N. RICHARDSON & ASSOCIATES, INC.	
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Principal Place of Business 14 N. BOYLAN AVENUE RALEIGH, NC 27603	Mailing Address 14 N. BOYLAN AVENUE RALEIGH, NC 27603
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1734959	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 JOHNSON, BRYAN R WASTE INDUSTRIES, INC. 8540 OLD KINGS ROAD NORTH JACKSONVILLE, FL 32203	DO NOT WRITE IN THIS SPACE
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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 Bryan R. Johnson DATE 1/6/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

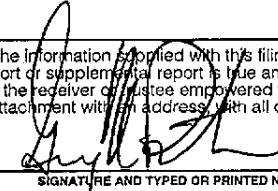
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, GREGORY N P.E. 14 N. BOYLAN AVENUE RALEIGH, NC 27603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMYTH, JOAN A P.G. 14 N. BOYLAN AVENUE RALEIGH, NC 27603
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01/14/05-80015-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of justice 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:  DATE 1/6/05 DAYTIME PHONE # 919-828-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #