

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L45553**

1. Entity Name  
**SOUTHERN WASTE SERVICES, INC.**



Principal Place of Business  
**1619 MOYLAN RD  
PANAMA CITY BEACH, FL 32407**

Mailing Address  
**P O BOX 9350  
PANAMA CITY BEACH, FL 32417 US**

**DO NOT WRITE IN THIS SPACE**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0183433**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WEBER, JAMES J. JR  
1619 MOYLAN ROAD  
PANAMA CITY, FL**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000092569  
03/19/04-80014-009 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
WEBER, JAMES J JR.  
2863 TUPELO  
PANAMA CITY BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
DEKORTE, JANE  
13463 CORDOVA DR  
LARGO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S  
MCKENNA, CHRIS  
9733 120TH ST NORTH  
SEMINOLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jim Weber, Jr.**

**3/16/04**

DATE

**(850) 234-8428**

DAYTIME PHONE #