


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L45553</b><br>1. Entity Name<br><b>SOUTHERN WASTE SERVICES, INC.</b> |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br>1619 MOYLAN RD<br>PANAMA CITY BEACH, FL 32407 | Mailing Address<br>P O BOX 9350<br>PANAMA CITY BEACH, FL 32417 US |
|--|---|



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>65-0183433  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> 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 \_\_\_\_\_ DATE 1/13/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

110000388303  
01/19/06-80071-024 158.75

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WEBER, JAMES J JR.<br>2863 TUPELO<br>PANAMA CITY BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DEKORTE, JANE<br>961 118TH LANE<br>SEMINOLE, FL 33772      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MCKENNA, CHRIS<br>9733 120TH ST NORTH<br>SEMINOLE, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: Jim Weber Jr. 1/13/06 850-234-8428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #