## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000126455

City-St-Zip:

PORT ST. LUCIE, FL 34953

FILED Jul 29, 2004 Secretary of State

Entity Nar	ne: ANYTIMI	E WASTE SYSTEMS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	THWEST MO LUCIE, FL 34	NTERREY LANE 1953					
Current Mailing Address:				New Mailing Address:			
PO BOX 7670 PORT ST. LUCIE, FL 34985				265 SW PORT ST LUCIE BLVD #215 PORT ST. LUCIE, FL 34984			
FEI Number: 06-1663560 FEI Number Applied For ( ) FEI I			FEI Number I	nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SPIEGEL 8 1840 SW 2 4TH FLOO MIAMI, FL	R	A.					
The above in the State		submits this statement for the p	ourpose of cha	nging its	s registered o	office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the pr	ior notice			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD ( WOODS, RUT 1685 SW NEP PORT ST. LUC	TUNE AVE.	Title: Nam Addr City-	e:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	PAGE, LOUIS	/EST MONTERREY LANE	Title: Nam Addr City-	e: ess:	PAGE, LOUIS	/EST MONTERREY LANE	
Title: Name:	MCLENDON, 1	O Delete HOMAS A VEST MONTERREY LANE	Title: Nam Addr	e:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LOUIS A. PAGE VPD 07/29/2004