# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 30, 2007**
**Secretary of State**

DOCUMENT# P06000081493

**Entity Name:** COLLINS DISPOSAL, INC.

**Current Principal Place of Business:**

191 STATE ROAD 29 N
FELDA, FL 33930 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 393
FELDA, FL 33930 US

**New Mailing Address:**

P.O. BOX 310
FELDA, FL 33930 US

**FEI Number: 20-5044372** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, LINDA B
191 STATE ROAD 29 N
FELDA, FL 33930 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: COLLINS, LARRY
Address: 191 STATE ROAD 29 N
City-St-Zip: FELDA, FL 33930 US

Title: STD ( ) Delete
Name: COLLINS, LINDA
Address: P.O. BOX 393
City-St-Zip: FELDA, FL 33930 US

Title: VP ( ) Delete
Name: STARR, GARY
Address: 114 IMMOKALEE DRIVE E
City-St-Zip: IMMOKALEE, FL 34142 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LINDA COLLINS STD 07/30/2007

Electronic Signature of Signing Officer or Director Date