2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035228

Entity Name: GULFCOAST WASTE SERVICE, INC.

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
15880 NORTH GREENWAY-HAYDEN LOOP SUITE #100 SCOTTSDALE, AZ 85260 US			638D ANCHOR S. STREET FORT WALTON BEACH, FL 32548 US					
Current Mailing Address:				New Mailing Address:				
15880 NORTH GREENWAY-HAYDEN LOOP								
SUITE #100								
FEI Number:	65-0577644	FEI Number Applied For()	FEI Numb	ber Not Appli	icable ()	Certificate of S	Status Desired ()	
Name and	Address of Cui	rrent Registered Agent:	ı	Name and Address of New Registered Agent:				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US								
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		
Election Cam	paign Financing T	rust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VP () De PARKER, DALE L 15880 NORTH GR SCOTTSDALE, AZ	VP EENWAY-HAYDEN LOOP, #100	1	Title: Name: Address: City-St-Zip:	MCNULTY, PAT	GREENWAY-HA	ition (DEN LOOP, #100	
Title: Name: Address: City-St-Zip:	VP () DO JOHNSON, JEFFR 2910 NORTH PAL PENSACOLA, FL	REY AFOX STREET	1	Title: Name: Address: City-St-Zip:	BURNETT, MICH	GREENWAY-HA	ition /DEN LOOP, #100	
Title: Name: Address: City-St-Zip:	ASEC () De GECICH, CONNIE 15880 NORTH GR SCOTTSDALE, AZ	J A SEC EENWAY HAYDEN LOOP, #100	1	Title: Name: Address: City-St-Zip:	()	Change () Add	ition	
Title: Name: Address: City-St-Zip:	SEC () DE WHITE, JO LYNN 15880 NORTH GR SCOTTSDALE, AZ	SECRETA EENWAY HAYDEN LOOP, #100	1	Title: Name: Address: City-St-Zip:	()	Change () Add	ition	
Title: Name: Address: City-St-Zip:	DIR () De SLAGER, DONALI 15880 NORTH GR SCOTTSDALE, AZ	OW DIRECTO EENWAY HAYDEN LOOP, #100	1	Title: Name: Address: City-St-Zip:	()	Change ()Add	ition	
Title: Name: Address: City-St-Zip:	PRES (X) DO BROTHERTON, TE 323 MARBLE MILI MARIETTA, GA 30	ERRANCE _ ROAD	1	Title: Name: Address: City-St-Zip:	()	Change () Add	ition	

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY EHNES POA 04/18/2006