


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90209 014 ***150.00

DOCUMENT # P98000024477

1. Entity Name
 INNOVATIVE WASTE CONTROL, INC.



Principal Place of Business
 2834D INDUSTRIAL PLAZA DRIVE
 TALLAHASSEE, FL 32301

Mailing Address
 2834D INDUSTRIAL PLAZA DRIVE
 TALLAHASSEE, FL 32301

PO Box 15277 Tall FL 32317-5277

434 Meadow Ridge Dr Tallahassee, FL 32312

24071437



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-3498352 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CHAMLIS, KAREN C
 434 MEADOW RIDGE DRIVE
 TALLAHASSEE, FL 32312

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 _____
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, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHAMLIS, MARK 434 MEADOWRIDGE DR TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHAMLIS, ELBERT 5745 VETERANS MEMORIAL DR TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CHAMLIS, KAREN C 434 MEADOW RIDGE DRIVE TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS 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 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: *Mark L. Chamlis* Date: *4-27-04* Daytime Phone #: *850-567-6767*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR