


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000006661</b> 1. Entity Name <b>REPUBLIC SERVICES OF FLORIDA GP, INC.</b>	
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Principal Place of Business <b>110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE, FL 33301</b>	Mailing Address <b>110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE, FL 33301</b>
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0963062</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNOR, JAMES E 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARCLAY, DAVID A 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KATZ, MATTHEW D 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANG, EDWARD A III 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/03/04-80027-004 150.00

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:**  **David A. Barclay, V.P./Sect.** **1/16/04** **954-769-2400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #