


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F99000006661
1. Entity Name
REPUBLIC SERVICES OF FLORIDA GP, INC.



Principal Place of Business: 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE, FL 33301
Mailing Address: 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE, FL 33301

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0963062 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 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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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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	P
NAME	O'CONNOR, JAMES E
STREET ADDRESS	110 S.E. 6TH STREET, 28TH FLOOR
CITY-ST-ZIP	FT. LAUDEDALE, FL 33301
TITLE	VS
NAME	BARCLAY, DAVID A
STREET ADDRESS	110 S.E. 6TH STREET, 28TH FLOOR
CITY-ST-ZIP	FT. LAUDEDALE, FL 33301
TITLE	AS
NAME	KATZ, MATTHEW D
STREET ADDRESS	110 S.E. 6TH STREET, 28TH FLOOR
CITY-ST-ZIP	FT. LAUDEDALE, FL 33301
TITLE	T
NAME	LANG, EDWARD A III
STREET ADDRESS	110 S.E. 6TH STREET, 28TH FLOOR
CITY-ST-ZIP	FT. LAUDEDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #