2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000000029

1. Entity Name
ASSOCIATED REFUSE DISPOSAL CORPORATION

Principal Place of Business	Mailing Address
5428 WEBER PL LAKELAND, FL 33809　US	5428 WEBER PL LAKELAND, FL 33809　US

DO NOT WRITE IN THIS SPACE

05032004　　No Chg-P　　CR2E034 (10/03)

4. FEI Number	Applied For
36-2465559	Not Applicable

5. Certificate of Status Desired ☐　**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLAUW, RICHARD
5428 WEBER PL
LAKELAND, FL 33809

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 _____

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BLAUW, RICHARD
STREET ADDRESS	5428 WEBER PL
CITY-ST-ZIP	LAKELAND, FL 33809

TITLE	
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CITY-ST-ZIP	

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: _Richard Blauw_　　　5-7-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　(Date)　　Daytime Phone #