

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00
Secretary of State

DOCUMENT # P96000025614

1. Entity Name
PRO DISPOSAL, INC.



Principal Place of Business

1122 INTERNATIONAL BLVD
STE 601
BURLINGTON ONTARIO L71 6Z8, CAN OC

Mailing Address

1122 INTERNATIONAL BLVD
STE 601
BURLINGTON ONTARIO L71 6Z8, CAN OC



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0654724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILCOX, CHARLES A
STREET ADDRESS	5002 T-REX AVE., STE. 200
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	VSD
NAME	CAIRNS, IVAN R
STREET ADDRESS	1122 INTERNATIONAL BLVD., STE. 601
CITY- ST- ZIP	BURLINGTON ON L7L 6Z8, FL
TITLE	V
NAME	MCCASH, SHAWN
STREET ADDRESS	5002 T-REX AVE., STE. 200
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	AS
NAME	GOEBEL, BRIAN A
STREET ADDRESS	5002 T-REX AVE., STE. 200
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000652150
03/12/07-80007-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN R. CAIRNS - VP & Secretary Feb. 28, 2007

Date

905-319-1237
Daytime Phone