

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035228

FILED  
May 02, 2008  
Secretary of State

Entity Name: GULFCOAST WASTE SERVICE, INC.

## Current Principal Place of Business:

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

## New Principal Place of Business:

## Current Mailing Address:

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

## New Mailing Address:

FEI Number: 65-0577644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES (X) Delete  
Name: MCNULTY, PATRICK PRES  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: T/D ( ) Delete  
Name: BURNETT, MICHAEL S T/D  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: ASEC ( ) Delete  
Name: GECICH, CONNIE J A SEC  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: SEC ( ) Delete  
Name: WHITE, JO LYNN SEC  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: DEVP ( ) Delete  
Name: SLAGER, DONALD W DEVP  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: ASEC (X) Delete  
Name: BADKE, JOHN T ASEC  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL FICKEN

POA

05/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date