


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 279946</b> 1. Entity Name <b>WASTE MANAGEMENT INC. OF FLORIDA</b>						<div style="font-size: 24px; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="font-size: 18px; transform: rotate(-15deg);">05 JUN 20 PM 3:22</div> <div style="font-size: 14px; transform: rotate(-15deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>1001 FANNIN, SUITE 4000 HOUSTON, TX 77002</b>				Mailing Address <b>1001 FANNIN, SUITE 4000 HOUSTON, TX 77002</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-1094518</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
<b>\$5.00 May Be Added to Fee</b>				<b>000056488520</b> <b>06/24/05--01004--003 **150.00</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPKINS, DAVID R 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Asst. Treasurer Don P. Carpenter 1001 Fannin, Suite 4000 Houston, TX 77002		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPAGNA, CHARLES J 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Ronald M. Kaplan 1001 Fannin, Suite 4000 Houston, TX 77002		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAUGHMAN, STEVEN T 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Amanda K. Maki 1001 Fannin, Suite 4000 Houston, TX 77002		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS VAN GESSEL, JOHN T 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David McConnell 1001 Fannin, Suite 4000 Houston, TX 77002		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SMITH, LINDA J 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Treasurer Cherie C. Rice 1001 Fannin, Suite 4000 Houston, TX 77002		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SEWELL, FRANCES B 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, CFO and Controller Greg A. Robertson 1001 Fannin, Suite 4000 Houston, TX 77002		
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.							
<b>SIGNATURE:</b> <i>Amanda K. Maki</i>				<b>Amanda K. Maki, Asst. Secretary</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>			
<small>Daytime Phone #</small>				<b>6/17/05 713.512.6200</b>			

T. Roberts JUN 20 2005