

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 319988

Entity Name: ISLAND DISPOSAL CO INC

FILED  
Jan 20, 2005  
Secretary of State

## Current Principal Place of Business:

M. M. 81 1/2  
P. O. BOX 229  
ISLAMORADA, FL 33036

## New Principal Place of Business:

142 INDUSTRIAL DR.  
P. O. BOX 229  
ISLAMORADA, FL 33036

## Current Mailing Address:

1681 E ST CHAELES PL  
INVERNESS, FL 34453

## New Mailing Address:

1681 E ST CHARLES PL  
INVERNESS, FL 34453

FEI Number: 59-1169470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKER, NORMAN F.  
M. M. 81 1/2  
ISLAMORADA, FL 33036 US

## Name and Address of New Registered Agent:

PARKER, NORMAN F.  
83201 OLD HIGHWAY  
#422  
ISLAMORADA, FL 33036 US

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:

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: PARKER, NORMAN F.  
Address: 83201 OLD HWY #422  
City-St-Zip: ISLAMORADA, FL 33036

Title: S ( ) Delete  
Name: PARKER, MARY JO,  
Address: 83201 OLD HWY #422  
City-St-Zip: ISLAMORADA, FL 33036

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: NORMAN F. PARKER

PT

01/20/2005

Electronic Signature of Signing Officer or Director

Date