## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 319988** 

Entity Name: ISLAND DISPOSAL CO INC

ISLAMORADA, FL 33036

City-St-Zip:

FILED Jan 09, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 142 INDUSTRIAL DR. 141 INDUSTRIAL DR. P. O. BOX 229 P. O. BOX 229 ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 **Current Mailing Address: 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: Name and Address of New Registered Agent: PARKER, NORMAN F. 83201 OLD HIGHWAY 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PARKER, NORMAN F, Name: Name: 83201 OLD HWY #422 Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PARKER, MARY JO. Name: 83201 OLD HWY #422 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY JO PARKER S 01/09/2006