

FILE NOW: FILING FEE AFTER MAY 1ST IS ~~50.00~~

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN - 11 PM 1:19

DOCUMENT # 029332

1. Corporation Name
M40 Sanitation, Inc

Principal Place of Business Mailing Address
251 N. Star Ave Panama City, FL 32404 *731 Miles Dr Panama City, FL 32404*

DO NOT WRITE IN THIS SPACE

21	251 N. Star Ave	26	731 Miles Dr	4.	FEI Number <i>59-195544</i>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State <i>Panama City, FL</i>	28	City & State <i>Panama City, FL</i>	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip <i>32404</i>	29	Zip <i>32404</i>	30			
				3.	Date Incorporated or Qualified <i>07-11-1979</i>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>Osborne, Waverly</i>				81	Name		
<i>731 Miles Dr</i>				82	Street Address (P.O. Box Number is Not Acceptable)		
<i>Panama City, FL 32404</i>				83			
				84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Waverly Osborne* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>P</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Waverly Osborne</i>	1.2 NAME	
STREET ADDRESS	<i>731 Miles Dr</i>	1.3 STREET ADDRESS	<i>700004435527--2</i>
CITY-ST-ZIP	<i>Panama City, FL 32404</i>	1.4 CITY-ST-ZIP	<i>-06/21/01--01081--029</i>
TITLE	<i>S/T</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Alma Osborne</i>	2.2 NAME	
STREET ADDRESS	<i>731 Miles Dr</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Panama City, FL 32404</i>	2.4 CITY-ST-ZIP	<i>****150.00 ****150.00</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>SP</i>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Waverly Osborne* 5-10-01 850-871-1637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)