

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90028 043 ***150.00

DOCUMENT # 849358

1. Entity Name
S-W DISPOSAL SYSTEM, INC.



Principal Place of Business
**PO BOX 64
ST CHARLES, IL 60174 US**

Mailing Address
**PO BOX 64
ST CHARLES, IL 60174 US**

50007608



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005 Chg-P CR2E034 (10/03)

4. FEI Number
36-3114080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAWFORD, J STEPHEN
28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MCARDLE, DAVID A.
STREET ADDRESS 4051 E MAIN ST
CITY-ST-ZIP ST CHARLES, IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME CRAWFORD, J. STEPHEN
STREET ADDRESS 28000 SPANISH WELLS BLVD
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MCARDLE, EDWARD J.
STREET ADDRESS 5101 CAROLINE
CITY-ST-ZIP HOUSTON, TX

TITLE ☒ Change ☐ Addition
NAME **MCARDLE, EDWARD J.**
STREET ADDRESS **5311 CAROLINE**
CITY-ST-ZIP **HOUSTON, TX**

TITLE SC ☐ Delete
NAME KELLY, THOMAS J
STREET ADDRESS 1600 E. MAIN STREET, SUITE B
CITY-ST-ZIP SAINT CHARLES, IL 60174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DILLON, RICHARD C
STREET ADDRESS PO BOX 366879
CITY-ST-ZIP BONITA SPRINGS, FL 34136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

[Signature] Secretary 1-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #