

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90394 046 \*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

**36-3114080**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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, 2006 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 5311 CAROLINE  
CITY-ST-ZIP HOUSTON, TX

TITLE V ☒ Change ☐ Addition  
NAME McArdle, Edward J.  
STREET ADDRESS 5311 Caroline  
CITY-ST-ZIP Houston, TX 77004

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

TITLE S/D ☐ Change ☒ Addition  
NAME Welty, Rodney A.  
STREET ADDRESS 1600 E. Main Street, Suite B  
CITY-ST-ZIP St. Charles, IL 60174

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

TITLE V ☐ Change ☒ Addition  
NAME Dewhirst, Ned E.  
STREET ADDRESS P.O. Box 366879  
CITY-ST-ZIP Bonita Springs, FL 34136

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 exemptions contained 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 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:**

Rodney A. Welty

4-10-06

630.584.6580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #