


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

<b>DOCUMENT # A05000002221</b>	
1. Entity Name <b>C &amp; B DISPOSAL, LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 9:38

Principal Place of Business <b>2055 W. MEMORIAL BLVD. LAKELAND FL 33815</b>	Mailing Address <b>2055 W. MEMORIAL BLVD. LAKELAND FL 33815</b>
--	--



2. Principal Place of Business		3. Mailing Address <b>P.O. Box 509</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Lakeland FL</b>	
Zip	Country <b>US A</b>	Zip	Country <b>USA</b>

1st MOORE	CR2E003 (10/05)
4. FEI Number <b>432094464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>JONES, DAVID LEE 310 MAIN STREET SAFETY HARBOR FL 34695</b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	DATE
-----------	------

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>COGDILL, KENNETH F</b>	CITY-ST-ZIP	<b>200075561192</b>
STREET ADDRESS	<b>2055 W. MEMORIAL BLVD.</b>		<b>05/31/06--01034--008 **500.00</b>
CITY-ST-ZIP	<b>LAKELAND FL 33815</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>Cogdill, Mary F</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2055 W. Memorial Blvd</b>		
CITY-ST-ZIP	<b>Lakeland, FL 33815</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Mary Cogdill* *Mary Cogdill* *4/13/06* *863-682-4880*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #