


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**May 09, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A05000002221</b>                    |  |
| 1. Entity Name<br><b>C &amp; B DISPOSAL, LLLP</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2055 W. MEMORIAL BLVD.<br/>LAKELAND FL 33815</b> | Mailing Address<br><b>PO BOX 509<br/>LAKELAND FL</b> |
|--|--|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

1st MOORE CR2E003 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>43-2094464</b>  | Applied For<br><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<br><br><b>JONES, DAVID LEE<br/>310 MAIN STREET<br/>SAFETY HARBOR FL 34695</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent      |          |
| Name   |          |
| Street Address (P.O. Box Numbers 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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 #                      | COGDILL, KENNETH F<br>2055 W. MEMORIAL BLVD.<br>LAKELAND FL 33815 | STREET ADDRESS           | 000000763055<br>05/29/07-80039-001 500.00 |
| NAME                            |   | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |   |                          |   |
| DOCUMENT #                      | COGDILL, MARY F<br>2055 W MEMORIAL BLVD<br>LAKELAND FL 33815      | STREET ADDRESS           |   |
| NAME                            |   | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |   |                          |   |
| DOCUMENT #                      |   | STREET ADDRESS           |   |
| NAME                            |   | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |   |                          |   |
| DOCUMENT #                      |   | STREET ADDRESS           |   |
| NAME                            |   | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |   |                          |   |
| DOCUMENT #                      |   | STREET ADDRESS           |   |
| NAME                            |   | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |   |                          |   |
| DOCUMENT #                      |   | STREET ADDRESS           |   |
| NAME                            |   | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |   |                          |   |

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:**  **5/4/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #