

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000000466	
1. Entity Name NATIONAL WASTE MANAGEMENT, INC.	



Principal Place of Business 220 CHARLES STREET PORT ORANGE, FL 32129	Mailing Address 220 CHARLES STREET PORT ORANGE, FL 32129
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03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3486194	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HART, JANICE G ESQ 3032 S. PENINSULA DRIVE DAYTONA BEACH SHORES, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	IC TEELON, CHARLES W 3032 S. PENINSULA DRIVE DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HART, JANICE G 3032 S. PENINSULA DRIVE DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OATHOUT, LELAND G 220 CHARLES STREET PORT ORANGE, FL 32129
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/18/06-80030-012 150.00**

**DO NOT WRITE
IN THIS SPACE**

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles W. Teelon **3/30/06** **3867631300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #