## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000980

Entity Name: AMERICAN DEBRIS SERVICES, INC.

FILED Apr 22, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

9951 ATLANTIC BLVD., STE 303 3625 MILLCREST DRIVE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32277

Current Mailing Address: New Mailing Address:

9951 ATLANTIC BLVD., STE 303 PO BOX 19332

JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32245

FEI Number: 55-0747421 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WELCH, DELORES
9951 ATLANTIC BLVD., STE 303
WELCH, DELORES
PO BOX 19332

JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32245 US

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.

SIGNATURE: DELORES S. WELCH 04/22/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

VSD ( ) Delete Title: VSD (X) Change ( ) Addition

 Name:
 WELLS, JOHN C
 Name:
 WELLS, JOHN C

 Address:
 9951 ATLANTIC BLVD
 Address:
 3625 MILLCREST DR.

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32277

Title: PCD ( ) Delete Title: PCD (X) Change ( ) Addition

 Name:
 WELCH, DELORES S
 Name:
 WELCH, DELORES S

 Address:
 9951 ATLANTIC BLVD
 Address:
 PO BOX 19332

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32245

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELORES S. WELCH PRES 04/22/2005