

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000566

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: S&S WASTE MANAGEMENT, INC.

**Current Principal Place of Business:**

2021 CORNELL PLACE  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

2021 CORNELL PL.  
PORT ORANGE, FL 32128

**New Mailing Address:**

1869 E. SELTICE WAY #325  
POST FALLS, ID 83854

FEI Number: 82-0535628      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FINLEY, STUART L  
3021 CORNELL PLACE  
PORT ORANGE, FL 32128      US

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

FINLEY, STUART L  
1869 E. SELTICE WAY #325  
POST FALLS, FL 83854      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: \_\_\_\_\_ 04/30/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: FINLEY, STUART L  
Address: 2021 CORNELL PLACE  
City-St-Zip: PORT ORANGE, FL 32128

Title: CD ( ) Delete  
Name: FINLEY, STUART L  
Address: 2021 CORNELL PLACE  
City-St-Zip: PORT ORANGE, FL 32128

Title: VP ( ) Delete  
Name: STEFFENHAGEN, KEITH V  
Address: 4422 MARBLE FRONT RD.  
City-St-Zip: CALDWELL, ID 83605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: FINLEY, STUART L  
Address: 1869 E. SELTICE WAY #325  
City-St-Zip: POST FALLS, ID 83854

Title: CD (X) Change ( ) Addition  
Name: FINLEY, STUART L  
Address: 1869 E. SELTICE WAY #325  
City-St-Zip: POST FALLS, ID 83854

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STUART FINLEY      PRES      04/30/2009  
Electronic Signature of Signing Officer or Director      Date