


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90170 048 ***150.00

DOCUMENT # F03000006106			
1. Entity Name JACKSONVILLE FLORIDA LANDFILL, INC.			
Principal Place of Business 1451 WEST CYPRESS CREEK RD, STE 300 FT LAUDERDALE, FL 33309		Mailing Address 1122 INTERNATIONAL BLVD. 601 BURLINGTON, ON, CANADA, I7I-6z8 XX	
2. Principal Place of Business		3. Mailing Address 1122 INTERNATIONAL BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 601	
City & State		City & State BURLINGTON, ONTARIO	
Zip	Country	Zip	Country
L7L 6Z8	CANADA	L7L 6Z8	CANADA
4. FEI Number 20-0435912		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENK, LARRY D	NAME	WILCOX, CHARLES A.
STREET ADDRESS	1122 INTERNATIONAL BLVD., SUITE 601	STREET ADDRESS	7025 E. GREENWAY PKWY., SUITE 100
CITY-ST-ZIP	BURLINGTON ON, CANADA, I7I 6z8	CITY-ST-ZIP	SCOTTSDALE, AZ 85254
TITLE	D <input type="checkbox"/> Delete	TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIRNS, IVAN R	NAME	CAIRNS, IVAN R.
STREET ADDRESS	1122 INTERNATIONAL BLVD., SUITE 601	STREET ADDRESS	1122 INTERNATIONAL BLVD., SUITE 601
CITY-ST-ZIP	BURLINGTON ON, CANADA, I7I 6z8	CITY-ST-ZIP	BURLINGTON, ONTARIO L7L 6Z8 CANADA
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, RONALD L	NAME	RUBIN, RONALD L.
STREET ADDRESS	1122 INTERNATIONAL BLVD., SUITE 601	STREET ADDRESS	7025 E. GREENWAY PKWY., SUITE 100
CITY-ST-ZIP	BURLINGTON ON, CANADA, I7I 6z8	CITY-ST-ZIP	SCOTTSDALE, AZ 85254
TITLE	VP <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURER, KIRK	NAME	MUTER, KIRK W.
STREET ADDRESS	1122 INTERNATIONAL BLVD., SUITE 601	STREET ADDRESS	1451 WEST CYPRESS CREEK RD., SUITE 300
CITY-ST-ZIP	BURLINGTON ON, CANADA, I7I 6z8	CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, KEVIN	NAME	
STREET ADDRESS	1122 INTERNATIONAL BLVD., SUITE 601	STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ON, CANADA, I7I 6z8	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOBEL, BRIAN A	NAME	GOEBEL, BRIAN A.
STREET ADDRESS	1122 INTERNATIONAL BLVD., SUITE 601	STREET ADDRESS	7025 E. GREENWAY PKWY., SUITE 100
CITY-ST-ZIP	BURLINGTON ON, CANADA, I7I 6z8	CITY-ST-ZIP	SCOTTSDALE, AZ 85254
12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ivan R. Cairns</i>		Ivan R. Cairns VP & Secretary	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		April 18, 2005 905-319-6056	
		Daytime Phone #	