


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001053 1. Entity Name DISPOSITION & MANAGEMENT, INC.	
---	---

Principal Place of Business 41 W. INTERSTATE 65 SERVICE ROAD N. MOBILE, AL 36608-1201 US	Mailing Address POST OFFICE BOX 160306 MOBILE, AL 36616
--	---



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1063760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMPUS, JOSPEH J III 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD SAINT, JOHN B 6601 CHIMNEY TOP DRIVE SOUTH MOBILE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEFAN, CHESTER J 1953 RIVER ROAD MOBILE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, DONALD P JR 370 SOUTH SAGE AVE MOBILE, AL 36606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WESCH, PAUL C 10295 KEARNS ROAD THEODORE, AL 36582
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000352879
05/03/05-80045-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-05 (251) 360-2929