2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000001053

1. Entity Name
DISPOSITION & MANAGEMENT, INC.

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

DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1063760
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPUS, JOSPEH J III
3298 SUMMIT BLVD #18
PENSACOLA, FL 32503

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	SAINT, JOHN B
STREET ADDRESS	6601 CHIMNEY TOP DRIVE SOUTH
CITY-ST-ZIP	MOBILE, AL
TITLE	VD
NAME	STEFAN, CHESTER J
STREET ADDRESS	1953 RIVER ROAD
CITY-ST-ZIP	MOBIL, AL
TITLE	D
NAME	KELLY, DONALD P JR
STREET ADDRESS	370 SOUTH SAGE AVE
CITY-ST-ZIP	MOBILE, AL 36606
TITLE	S
NAME	WESCH, PAUL C
STREET ADDRESS	10295 KEARNS ROAD
CITY-ST-ZIP	THEODORE, AL 36582
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/06-80017-005 150.00

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

SIGNATURE: _____ 3-29-06 (251)780-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #