

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90108 020 ***150.00

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

63-1063760

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name **Frank M. Gammon Jr.**

Street Address (P.O. Box Number is Not Acceptable)

301 N. US Hwy. 29

Suite G

City

Clermont

FL

Zip Code

34711

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

FRANK GAMMON

4/27/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 ☐ Delete
NAME SAINT, JOHN B
STREET ADDRESS 6601 CHIMNEY TOP DRIVE SOUTH
CITY-ST-ZIP MOBILE, AL

TITLE VD ☐ Delete
NAME STEFAN, CHESTER J
STREET ADDRESS 1953 RIVER ROAD
CITY-ST-ZIP MOBIL, AL

TITLE D ☐ Delete
NAME KELLY, DONALD P JR
STREET ADDRESS 370 SOUTH SAGE AVE
CITY-ST-ZIP MOBILE, AL 36606

TITLE S ☐ Delete
NAME WESCH, PAUL C
STREET ADDRESS 10295 KEARNS ROAD
CITY-ST-ZIP THEODORE, AL 36582

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

(251) 350-2929

Date

Daytime Phone #