

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001053

FILED
Jul 02, 2008
Secretary of State

Entity Name: DISPOSITION & MANAGEMENT, INC.

Current Principal Place of Business:

41 W. INTERSTATE 65 SERVICE ROAD N.
MOBILE, AL 366081201 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 160306
MOBILE, AL 36616

New Mailing Address:

FEI Number: 63-1063760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMMON, FRANK M
301 N. US HWY 27
SUITE G
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAINT, JOHN B
Address: 6601 CHIMNEY TOP DRIVE SOUTH
City-St-Zip: MOBILE, AL

Title: VD () Delete
Name: STEFAN, CHESTER J
Address: 1953 RIVER ROAD
City-St-Zip: MOBIL, AL

Title: D () Delete
Name: KELLY, DONALD P JR
Address: 370 SOUTH SAGE AVE
City-St-Zip: MOBILE, AL 36606

Title: S () Delete
Name: WESCH, PAUL C
Address: 10295 KEARNS ROAD
City-St-Zip: THEODORE, AL 36582

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOHN B. SAINT

PD

07/02/2008

Electronic Signature of Signing Officer or Director

Date