

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90025 002 ***158.75

DOCUMENT # F97381

1. Entity Name

TERESA LEE LANDFILL, INC.



Principal Place of Business

C/O CHARLES S TAYLOR
13451 IRVING ST
BROOKSVILLE FL 34609

Mailing Address

C/O CHARLES S TAYLOR
13451 IRVING ST
BROOKSVILLE FL 34609



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

7078 Porpoise St

Suite, Apt. #, etc.

3. Mailing Address

7078 Porpoise St

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Springhill, FL

Zip
34607

Country
U.S.

City & State

Springhill FL

Zip
34607

Country
U.S.

4. FEI Number

59-2339691

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, CHARLES S
13451 IRVING ST
BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3-01-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PST ☒ Delete
NAME TAYLOR, CHARLES S
STREET ADDRESS 13451 IRVING ST
CITY-STATE-ZIP BROOKSVILLE FL

TITLE PST ☐ Delete
NAME Taylor Charles S
STREET ADDRESS 7078 Porpoise St
CITY-STATE-ZIP Springhill FL 34607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charles Taylor *Charles S Taylor* 3-01-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #