

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001723

FILED
Feb 07, 2007
Secretary of State

Entity Name: HARRIS WASTE MANAGEMENT GROUP, INC.

Current Principal Place of Business:

200 CLOVER REACH DRIVE
PEACHTREE CITY, GA 30269

New Principal Place of Business:

200 CLOVER REACH DRIVE
PEACHTREE CITY, GA 30269 US

Current Mailing Address:

P.O. BOX 998
CORDELE, GA 31010 US

New Mailing Address:

FEI Number: 41-1653369 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: HEIDEN, PAUL
Address: WEST HOUSE, KING CROSS ROAD
City-St-Zip: HALIFAX, WEST YORKSHIRE ENG,

Title: DV () Delete
Name: BILES, JOHN A
Address: WEST HOUSE, KING CROSS ROAD
City-St-Zip: HALIFAX, WEST YORKSHIRE ENG,

Title: P () Delete
Name: BERKOBEN, EDWARD J
Address: 315 W 12TH AVENUE
City-St-Zip: CORDELE, GA 31015

Title: D (X) Delete
Name: SOOK, ROBERT
Address: 7610 FALLS OF NEUSE ROAD SUITE 200
City-St-Zip: RALEIGH, NC 27615

Title: SD () Delete
Name: MILLER, ROBERT M
Address: 425 POST ROAD
City-St-Zip: FAIRFIELD, CT 06430

Title: T () Delete
Name: ZITNAY, ROBERT L
Address: 425 POST ROAD
City-St-Zip: FAIRFIELD, CT 06430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCBRIDE, THOMAS
Address: 715 ROUTE 10, SUITE 207
City-St-Zip: RANDOLPH, NJ 07869 US

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 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: TONY WADE

Electronic Signature of Signing Officer or Director

CONT

02/07/2007

Date