2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# F99000001723

Entity Name: HARRIS WASTE MANAGEMENT GROUP, INC.

Current Principal Place of Business:

200 CLOVER REACH DRIVE
PEACHTREE CITY, GA 30269 US

New Principal Place of Business:

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:	D	( ) Delete
Name:	MCBRIDE, THOMAS	
Address:	715 ROUTE 10, SUITE 207	
City-St-Zip:	RANDOLPH, NJ 07869 US	
Title:	P	( ) Delete
Name:	BERKOBEN, EDWARD J	
Address:	315 W 12TH AVENUE	
City-St-Zip:	CORDELE, GA 31015	
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:	D	(X) Change ( ) Addition
Name:	BARNES, GARY	
Address:	425 POST ROAD	
City-St-Zip:	FAIRFIELD, CT 06430 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 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 CONT 03/30/2009

Electronic Signature of Signing Officer or Director Date