

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90115 026 ***150.00

DOCUMENT # F99000003730					
1. Entity Name WASTE CORPORATION OF CENTRAL FLORIDA, INC.					
Principal Place of Business ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056			Mailing Address ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 76-0621141	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FATJO, TOM J JR	NAME	SEE ATTACHED		
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77056	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRUSZKA, JEROME M	NAME			
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77056	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FATJO, TOM J III	NAME			
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77056	CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENGER, J. EDWARD	NAME			
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77056	CITY-ST-ZIP			
TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASALINOVA, CHARLES A	NAME			
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77056	CITY-ST-ZIP			
TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAXTON, MICHAEL L	NAME			
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77056	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Charles A. Casanova</u>			Date: <u>4/29/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

50049675



02112005 Chg-P CR2E034 (10/03)

4. FEI Number **76-0621141** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00** 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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CITY-ST-ZIP	HOUSTON, TX 77056	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	ONE RIVERWAY, SUITE 1400	STREET ADDRESS	
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TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASALINOVA, CHARLES A	NAME	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77056	CITY-ST-ZIP	
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SIGNATURE: Charles A. Casanova Date: 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

50049675

#F99000003730

WASTE CORPORATION OF CENTRAL FLORIDA, INC.
FLORIDA ANNUAL REPORT
FOR PRIVILEGE PERIOD ENDING 12/31/2005

ADDITIONAL OFFICERS AND DIRECTORS

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Dir</u>
KEVIN MITCHELL	ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056	VP	
DAVID EWELL	ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056	VP	