

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006661

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** REPUBLIC SERVICES OF FLORIDA GP, INC.

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**New Principal Place of Business:**

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**New Mailing Address:**

**FEI Number:** 65-0963062

**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:** PRES  
**Name:** SYNEK, CHRISTOPHER  
**Address:** 16800 GREENSPOINT PARK DR., STE 225N  
**City-St-Zip:** HOUSTON, TX 77060

**Title:** SEC  
**Name:** SCHULER, EILEEN B  
**Address:** 18500 NORTH ALLIED WAY  
**City-St-Zip:** PHOENIX, AZ 85054

**Title:** VP  
**Name:** BENTER, TIM M  
**Address:** 18500 NORTH ALLIED WAY  
**City-St-Zip:** PHOENIX, AZ 85054

**Title:** TD  
**Name:** LANG, III, EDWARD A  
**Address:** 18500 NORTH ALLIED WAY  
**City-St-Zip:** PHOENIX, AZ 85054

**Title:** DIR  
**Name:** SERIANNI, CHARLES F  
**Address:** 18500 NORTH ALLIED WAY  
**City-St-Zip:** PHOENIX, AZ 85054

**Title:** DIR  
**Name:** SLAGER, DONALD W  
**Address:** 18500 NORTH ALLIED WAY  
**City-St-Zip:** PHOENIX, AZ 85054

I hereby 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 all other like empowered.

**SIGNATURE:** KELLY LETTMANN

POA

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date