## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G18571

Entity Name: R&RIANDFILL INC.

ROGERS, ALLÍSON S.

ORLANDO, FL 32812

2828 MONTMART DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 09, 2009 Secretary of State

Littly Na	IIIe. Kakl	ANDI ILL, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	IVISION AVEN D, FL 32805	NUE			
Current Mailing Address:			New Mailing Address:		
P.O. BOX ORLAND(	568633 D, FL 32856	US			
FEI Number	: 59-2249282	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
	R.B., JR. NTMART DR. D, FL 32812	US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	I office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( ROGERS, R.E 2828 MONTM ORLANDO, FI	ART DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( PYLE, ALLEN 2625 ARDOR ORANGE CIT	LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T ( PYLE, BETTY 2625 ARDOR ORANGE CIT	LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	S (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALLISON S. ROGERS S 04/09/2009